MARIETTA COLLEGE

Records Office 215 Fifth Street Marietta, OH 45750 Phone – (740) 376-4723 FAX - (740) 376-4729



TRANSCRIPT REQUEST

_____Send Now
____Send after grades posted
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Students and alumni who enrolled in 08/1985 or later are encouraged to visit Transcripts on Demand (https://iwantmytranscript.com/marietta) to order official transcripts.

Select electronic delivery for the quickest and most cost effective delivery.

Amount Enclosed (please see rate schedule below):				Check Number:	
If paying by credit or	debit card ((V	VISA, Master Card, o	r Discover), please	provide:	
Card Number					
CVV Number		Expiration Dat	e		
Cardholder name:					
Cardholder address:					
Cardholder daytime 1	ohone:				
Student Name:					
	Last	Former/Maiden	First	Middle	
Year Last Attended:			Daytime Phone:		
Social Security or MC	ID #:		_ Date of Birth: _		
Address:					
Street		City	State	Zip Code	
	e stamped "Issue	ed to Student" and placed i	n a sealed envelope bea	ve not been satisfied. Transcripts aring the Registrar's signature across	
Please check service(s	, -		es.		
Unofficial trans	_	• . •			
Official Transcr				ays upon receipt) usiness day-sent standard mail)	
*Overnight Deli					
*Second-day De					
				0 shipping fee per address	
Signature			Date		
The Family		hts and Privacy Act requires	the consent of the student	t to release academic records.	
For Office	Use Only: D	ate Sent:	Initials	S:	