



Transcript Policy:

1. There is a processing fee of \$5.00 for each transcript and a five to seven day processing period.
2. The University reserves the right to withhold, deny or cancel any transcript request due to holds on account or for any other reason.

This form cannot be submitted electronically. Please print form; fill out required information, sign and mail or fax to the address listed below.

Date requested: _____				Date of birth: _____		Student ID#: _____	
Name: _____		_____		Email: _____		_____	
Last		Maiden		First			
Telephone: _____				_____			
Home				Work or Cellular			
Update official school records? Yes ☐ No ☐							
Address: _____							
Street		City		State		Zip	
Status: ☐ Alumni ☐ Current Undergraduate ☐ Current Graduate ☐ Other							
College: ☐ Arts ☐ Business ☐ Education & Health ☐ Engineering ☐ Science ☐ SCPS							
OR							
Degree(s), if any earned: _____							
Dates of attendance: _____							
Reason for transcript request – (Please choose below):							
☐ Scholarship ☐ Study abroad ☐ Transfer ☐ Graduate studies ☐ Employment ☐ Other							
Transcript type needed: ☐ Official to institution ☐ Official sealed to student ☐ Student copy							
Time requested: ☐ Please process ☐ Please hold for end of current semester grades							

____ # of official copy	____ # of unofficial copy (student copy)
Send to: _____	_____
_____	_____
_____	_____
_____	_____
Please attach or write on the back for additional address →	

Advanced Payment is required and can be made at: http://www.manhattan.edu/paytranscripts
ORDER#: _____ (write down the order number for your payment)
Signature Required-Approval to Release Transcript (Required)