

REGISTRAR

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:	Studen	t ID#:	
Name: Last Maiden	First	Email:		
Telephone:			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 c	opy)
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)				