



CURRENT CONTACT INFORMATION

Name _____ Phone _____
 I authorize release of my transcripts as directed below. Address _____
 Signature _____
 Date _____ Email _____

- Transcript processing requires 5-7 working days from receipt of request and payment. Although we strive to process requests without delay, we cannot guarantee faster processing. Please plan accordingly.
- Transcripts cannot be released without the student's signature.
- Transcripts cannot be released until all accounts with the University are paid.
- Marylhurst University cannot release records from other institutions. You must request transcripts directly from each institution you attended.

STUDENT RECORD INFORMATION

You must complete all information below to ensure that your transcript reflects all of your Marylhurst coursework and degrees.
 Marylhurst ID Number _____
 Name(s) used while attending Marylhurst (if different) _____
 Did you complete any of your Marylhurst coursework: Before 1993? Yes No Before 1975? Yes No
 Did you complete a degree or certificate at Marylhurst? Yes No Will complete this term

DELIVERY

Time of Delivery: Now (5-7 working days) After degree is posted After grades are posted for _____ / _____
(Term) (Year)

OF COPIES: _____ **DELIVER TO:**

_____ Pick Up In Person
 _____ (Name/School/Agency)
 _____ (Street Address)
 _____ (City/State/Zip)

_____ (Name/School/Agency)
 _____ (Street Address)
 _____ (City/State/Zip)

_____ (Name/School/Agency)
 _____ (Street Address)
 _____ (City/State/Zip)

METHOD OF PAYMENT

Total number of copies _____ Total payment \$ _____ **First copy: \$5.** Each additional copy (ordered at the same time): \$2.
Requests cannot be processed until payment is received.

BOTTOM PORTION OF FORM TO BE REMOVED AFTER PAYMENT IS PROCESSED 9/09

Cash/Check VISA/MC # _____ Expires _____