

**MARYLAND INSTITUTE COLLEGE OF ART
TRANSCRIPT REQUEST FORM**

**Transcripts are processed within three (3) to five (5) business days of the request.
No transcript or any other information concerning a student's record will be issued
unless all financial, library, and equipment records are clear.
Transcripts are issued **ONLY** at the request of the student/alumnus.
There is a fee of \$3.00, per transcript, for 10 or more.**

PEOPLESOFT #: _____ **SIGNATURE:** _____

Name: _____ **DOB:** _____

Any Former Names Used: _____

Current Address: _____

Street Address

City, State, Zip Code

Phone #: _____ **Social Security Number:** _____

Academic Status (circle one):

Current Undergraduate Student

Current Graduate Student

Continuing Studies

Post-Baccalaureate

Alumnus (Approx. date of attendance or graduation): _____

Purpose of Transcript Request (Check all that apply):

Employment Application

Scholarship Application

Graduate School Application

Transfer to Another College

Internship Application

Other _____

Mobility Application

HOLD FOR PICK-UP? () YES () NO

OR MAIL TO:

Name/Title/Department

School/Organization

Street Address

City, State, Zip Code

Name/Title/Department

School/Organization

Street Address

City, State, Zip Code

Name/Title/Department

School/Organization

Street Address

City, State, Zip Code

Name/Title/Department

School/Organization

Street Address

City, State, Zip Code

Name/Title/Department

School/Organization

Street Address

City, State, Zip Code

Name/Title/Department

School/Organization

Street Address

City, State, Zip Code