

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. When more than ten (10) transcripts are requested at a time, there is a fee of \$3.00, for each transcript after the tenth (10th) one.

No. of Copies: _____

STUDENT ID #: _____ SIGNATURE: _____

Name: _____ DOB: _____

Any Former Names Used: _____

Current Address: _____
Street Address

_____ City, State, Zip Code

Phone #: _____ Social Security Number: _____

Academic Status
Current Student (please circle): Undergraduate Post-Baccalaureate Graduate
Former Student: (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

(Please use the reverse side, if being mailed to multiple addresses.)

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

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