

Transcript Request Form

Official transcripts should be sent directly to Mount Mary University from the Registrar's Office in a sealed envelope with the school seal and Registrar's signature affixed to the document. Duplicated or faxed copies and transcripts marked "Issued to Student" will not be accepted as official. Transcripts received by Mount Mary become property of the University and are not returnable.

After completing the information below, please give this form to the Registrar at the college(s) you have attended.

Name:			
First	MI	Last	Maiden (if applicable)
	sework under any name othe		/e? Please check: ☐ Yes ☐ No
During what years we	ere you at this institution?	Year of gradu	uation (if any):
Current Address:			
Street Number and Name			
City	State	Zip	County
Home Phone: ()	·	Work Phone: ()
Social Security Numb	er:		Month Date Year
Please send a copy o	of my transcripts to: Mount Mary University Office for Graduate Admissions 2900 North Menomonee River Milwaukee, WI 53222-4597		
I have enclosed \$	for payment of trans	script fees.	
STUDENT SIGNATURE:			_ DATE: