

**MARIETTA COLLEGE**

Records Office  
215 Fifth Street  
Marietta, OH 45750  
Phone - (740) 376-4723  
FAX - (740) 760-5214



**UNOFFICIAL TRANSCRIPT  
REQUEST**

Student Name: \_\_\_\_\_

\_\_\_\_\_  
 Last                                  Former/Maiden                                  First                                  Middle

Year Last Attended: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Last 4 Digits of Social Security or MC ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Send To - Please Print or Type Clearly.**

*Fax Number:* \_\_\_\_\_

*Email Address:* \_\_\_\_\_

*Mailing Address:*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*The Family Educational Rights and Privacy Act requires the consent of the student to release academic records.*

**Failure to complete the form in its entirety may result in delays in processing.**

**For Office Use Only: Date Sent:** \_\_\_\_\_ **Initials:** \_\_\_\_\_