
Malone College
Office of the Registrar
Transcript Request Form

Last Name:	First Name:	Middle Initial:
Maiden Name:	SSN:	
Address:		
City:	State:	Zip:
Phone:		

Date of Birth:	Date of Last Attendance (mm/yy):
Graduation Year (if applicable):	

Please send _____ copy(s) of my Malone College Transcript to:

Name:		
Attention:		
Address:		
City:	State:	Zip:

Do you need to have the transcripts in a sealed envelope/envelopes? (please check)

- Yes
 No

The signature of the student is required for the release of a transcript:

Signed: _____

Date: _____

Enclose payment according to the following fee schedule: (send check or provide credit card information)

- \$5.00 per transcript
- \$5.00 per transcript and an additional \$5.00 for expedited, same day, or authorized faxing services
- \$5.00 per transcript and an additional \$20.00 for FedEx or similar next day service (11:00 am deadline)

credit card #:

exp date:

security #:

Mail this completed form to: (E-Mailed Forms Cannot be Accepted!)

Malone College
Office of the Registrar
515 25th Street NW
Canton, OH 44709