

Moore College Transcript Request

Last Name: _____ First Name: _____ Date of Birth: _____

Moore ID#: 987-_____-_____-_____ or SSN _____-_____-_____

Name while attending Moore: _____

Current Address: _____
Street Apt. City State Zip

Current Phone Number: _____ Email Address: _____

Program: Bachelor of Fine Arts Post Baccalaureate
 Graduate Studies Continuing Education or Summer Art & Design Institute

Current Status: Enrolled Graduate (month/year of graduation: _____)
 Withdrawal or Leave of Absence (last year in attendance: _____)

of Transcripts requested: _____ X \$12.00 each = \$_____ total amount due

Business Office Use Only: Payment Date / Amount: _____ \$ _____ To Registrar Date: _____

Payment Options: Check or Money Order must be mailed with Request Form to:
Moore College of Art & Design
Attn: Business Office
20th Street & the Parkway
Philadelphia, PA 19103-1179

Credit card payment can be made over phone with the Business Office (215) 965-4098. Fax request to (215) 965-8538.

Current students: _____ Hold for Removal of Incomplete or Grade Change _____ Process after final grades for semester are received
_____ I will pick up transcripts in Registrar's Office, 110 Stahl Hall or, _____ Mail Transcript(s):

To: _____

To: _____

The undersigned hereby expressly consents to the disclosure by Moore College of Art & Design of the above listed educational records to the above stated party.

Student Signature: _____ Date: _____