

Transcript Request

Last Name: _____ ID#: 987-_____-_____-_____- or SSN _____-_____-_____

First Name: _____ Date of Birth: _____

Name while attending Moore: _____ Other previous names: _____

Current Address: _____
Street Apt. City State Zip

Current Phone Number: _____ email Address: _____

**Please Note: If the above address is different than the address we have on file, it will be updated.

Program: (check one)

- Bachelor of Fine Arts
- Graduate Studies
- Post Baccalaureate
- Continuing Education or Summer Art & Design Institute (YAW students do NOT have transcripts)

Current Status: (check one)

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

of Transcripts requested: _____ X \$10.00 each = \$ _____ total amount

Check box to indicate form of payment:

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

- Payments made with a credit card must be prepaid by contacting the Business Office (215) 965-4098 prior to faxing your request to (215) 965-8538.

____ Mail Transcript(s) Immediately As Is

To: _____

To: _____

(Additional addresses may be printed on the back of this form)

____ I will pick up (Arrangements must be made and confirmed)

For current students only:

- ____ Hold for Removal of Incomplete or Change of Grade *(circle one)*
- ____ Process request after final grades for this semester are received

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.

Signature: _____ Date: _____

For Office use only:

Date request recv'd by BO: _____ PAID \$ _____ Request Forwarded to Registrar _____
BO Initials: _____ Processed Date: _____ Reg Initials _____