

# 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) 965-4022.

**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: \_\_\_\_\_