

# 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  
20<sup>th</sup> 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** \_\_\_\_\_