

Registrar's Office
717-871-5005
Fax: 717-872-3016
www.millersville.edu

TRANSCRIPTS TO BE MAILED

PLEASE PRINT ALL REQUESTED INFORMATION

Name (Last, First, MI)

Millersville ID (if applicable)

Maiden or other name(s) under which records may exist

Daytime Phone #

Currently enrolled at MU?

Did you graduate from MU?

Yes No If no, date last attended: _____

No Yes If yes, date: _____

MAIL TRANSCRIPTS

Immediately **OR** After one of the following:

After posting grades for: (check one) Fall Winter Spring
 First Summer Second Summer Third Summer

After posting degree for: (check one) Fall Winter Spring
 First Summer Second Summer Third Summer

Mail 2 # copy(ies) to:

Mail _____ # copy(ies) to:

Special Request (in signed, sealed envelope)

Special Request (in signed, sealed envelope)

Address 1 (Insert HS Guidance Address)

Address 2 (include addressee and full address)

Student Written Signature (required)

Date

THERE IS NO TRANSCRIPT FEE.
PLEASE ALLOW 3 - 5 BUSINESS DAYS FOR PROCESSING.