

# Mary Baldwin College

Office of the Registrar

PO BOX 1500

Staunton, VA 24402

Phone: 540-887-7071 Fax: 540-886-5561

## Transcript Request

Name.....  
Print full name used at MBC

Current Address.....  
.....

Social Security Number.....

In the space below *print* plainly the *complete* name and address of person or institution to which the transcript is to be sent. By signature hereon I authorize the release of this information to this address.

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Date request is made.....

No. of copies to be sent.....

Date to be sent:           \_\_\_ As soon as possible  
(check one)                   \_\_\_ After current grading period

Signed.....

Daytime Phone Number.....

Please include full payment to avoid delays in processing your request. A follow-up transcript(s) to the same address after completion of a grading period is *not* sent automatically. If one is desired, request must be made on a separate Transcript Request Form.

### **Each transcript costs \$4.00**

The charge for this request is..... Payment type: \_\_\_ Check \_\_\_ Cash \_\_\_ Visa \_\_\_ MasterCard

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_  
Mo / Yr

Cardholder Name: \_\_\_\_\_

Date request was sent .....