

Malone College
Office of the Registrar
Transcript Request Form

Last Name:	First Name:	Middle Initial:
Maiden Name:	SSN:	
Address:		
City:	State:	Zip:
Phone:		

Date of Birth:	Date of Last Attendance (mm/yy):
Graduation Year (if applicable):	

Please send _____ copy(s) of my Malone College Transcript to:

Name of Company or Entity:		
Attention:		
Address:		
City:	State:	Zip:

Do you need to have the transcripts in a separately sealed envelope? (please check)

____ Yes
____ No

The signature of the student is required for the release of a transcript:

Signed: _____

Date: _____

Enclosed is \$3.00 per copy each requested.

Mail this completed form to: (E-Mailed Forms Cannot be Accepted!)

Malone College
Office of the Registrar
515 25th Street NW
Canton, OH 44709