

**\*Please note: This form cannot be used to request an electronic transcript. Electronic transcripts must be requested through Parchment to ensure secure delivery to the recipient through a secure document link. To request an electronic transcript, please go to malone.edu/transcripts and click on the "Parchment" link.**

Office of the Registrar  
2600 Cleveland Avenue NW  
Canton, OH 44709

**MALONE UNIVERSITY**  
CHRIST'S KINGDOM FIRST

Phone: (330) 471-8128  
Fax: (330) 471-8661  
Email: registrar@malone.edu

## Transcript Request Form

Please complete all sections of this form. Transcript requests must be received by 3:00 p.m. in order to be processed the following day. Delays in processing may occur during the end of the semester, holidays and graduation. Transcripts will not be released if there is an outstanding financial obligation to the University.

**Number of transcripts requested:** \_\_\_\_\_ Cost is \$5.00 per transcript

(Complete a separate Transcript Request Form for each mailing address.)

► **Dates of Attendance:**

Start: \_\_\_\_\_ End: \_\_\_\_\_

► **Date of Graduation:** \_\_\_\_\_

**Processing Options:**

- Hold transcript for pickup  
 Same-day processing (additional \$5.00 fee)  
 Next-day delivery (additional \$26.00 fee)

Fax (additional \$5.00 fee)

If faxed, send transcripts to:

Attn: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Mail

If mailed, when should the transcript be sent?

- Now  
 After current semester/class/graduation

Send transcript to:

(Please type or print.)

Attn: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Current Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Maiden/Former Name(s) while attending Malone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Important Note: Electronic signatures will not be accepted.**

**Payment may be made by cash, check or money order  
(payable to Malone University), or credit/debit card.**

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
V-Code

**Submit completed form to the Office of the Registrar by  
mail, scan/email, or fax to the above address/number.**

**OFFICE USE ONLY**

Paid \$ \_\_\_\_\_ cash/check/credit    Date Transcript Picked Up \_\_\_\_\_

Owes \$ \_\_\_\_\_    \_\_\_\_\_