

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 \$10.00 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)

☐ 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: _____

XXX-XX-

Last 4 Digits of SSN

Date of Birth

Current Last Name

First

Middle

Maiden/Former Name(s) while attending Malone

Address

City

State

Zip

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Cell Phone

Student's Signature

Date

Important Note: Electronic signatures will not be accepted.

Payment may be made by cash, check (payable to Malone University), or credit/debit card. Please note there is a 3% credit card processing fee.

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 \$ _____

Important 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. To request an electronic transcript, please go to malone.edu/transcripts and click on the "Parchment" link.