



TRANSCRIPT REQUEST FORM

MADONNA UNIVERSITY
OFFICE OF THE REGISTRAR
36600 Schoolcraft Road
Livonia, MI 48150-1176
(734)432-5400 Fax: (734)432-5405

IDENTIFYING INFORMATION

Student ID Number / Social Security Number			Birth Date (mm/dd/yy)
Last Name	First	Middle	Former Name(s) (If Applicable)
Current Street Address			If not currently enrolled, last semester attended
City	State	Zip	Telephone Number

SPECIAL INSTRUCTIONS (Check boxes that apply)

I WOULD LIKE TO HAVE MY TRANSCRIPT(S):

HELD - Until Current Semester Grades Posted
(Allow 1 - 2 Weeks after semester ends)

HELD - Until Certificate/Degree is Posted
(Allow 2 - 4 Weeks after semester ends)

TRANSCRIPT(S) to be Sent

Mailed to student at above address

Mailed to: Name _____
Address _____

Faxed to: Name: _____
Fax #: _____

Picked Up (2-3 Days)

METHOD OF PAYMENT (Check boxes that apply)

Transcripts are **\$5.00 per copy**. To pay online, use your Campus Web account or go to www.madonna.edu, click on 'Parents/Family' in the right column, select your method of payment (credit card or e-check) and follow the prompts.

*Method of Payment: **Mailed** - check or online payment; **In-person** - cash, check or online payment; **Faxed** - online payment*

#_____ Transcripts @ \$5.00 each

Amount Due: _____

Priority Process (same day) - add \$5.00
(or Domestic Overnight - add \$25.00)

Check or online payment receipt #: _____

International Mailing - add \$57.00
(FedEx or DHL 2-3 day)

SIGNATURE REQUIRED: In accordance with FERPA*, Transcripts can be released only upon written authorization by student.

X _____ Date _____
Student signature authorizing issuance of transcripts

* FERPA: Family Educational Rights and Privacy Act of 1974

FOR OFFICE USE ONLY

Student Billing:	Processed by: _____	Date: _____
Approved by:	Posted by: _____	Date: _____