MANHATTAN UNIVERSITY

JASPER CENTRAL-REGISTRAR

Transcript Policy:

1. There is a processing fee of $5.00 for each transcript and a five to seven day processing period.
2. The University reserves the right to withhold, deny or cancel any transcript request due to holds on account or for any other reason.

This form cannot be submitted electronically. Please print form; fill out required information, sign and mail or fax to the address listed below.

Date requested: _____ Date of birth: _____ Student ID#: _____

Name: _____ Email: _____
Last Maiden First

Telephone: _____ _____
Home Work or Cellular

Update official school records? Yes ❑ No ❑

Address: _____
Street City State Zip

Status: ❑ Alumni ❑ Current Undergraduate ❑ Current Graduate ❑ Other

College: ❑ Arts ❑ Business ❑ Education & Health ❑ Engineering ❑ Science ❑SCPS

OR
Degree(s), if any earned: _____

Dates of attendance: _____

Reason for transcript request – (Please choose below):

☐ Scholarship ☐ Study abroad ☐ Transfer ☐ Graduate studies ☐ Employment ☐ Other

Transcript type needed: ☐ Official to institution ☐ Official sealed to student ☐ Student copy
Time requested: ☐ Please process ☐ Please hold for end of current semester grades

____# of official copy

____# of unofficial copy (student copy)

Send to: _____

_____

_____

_____

_____

_____

_____

_____

Please attach or write on the back for additional address →

Advanced Payment is required and can be made at: http://www.manhattan.edu/paytranscripts

ORDER#:_____ (write down the order number for your payment)

Signature Required-Approval to Release Transcript (Required)