



MERRIMACK COLLEGE

Registrar's Office(A15)
315 Turnpike Street
North Andover MA 01845
Phone: (978)837-5344
Fax: (978)837-5054
Registrar@merrimack.edu

Transcript Request Form

Hold until Final Grades are posted.

Hold until Degree is posted.

GENERAL INFORMATION:

- All financial obligations to Merrimack College must be met before an official transcript can be released.
- Transcripts may not be picked up by a third party unless the student has given written authorization.
- A photo ID is required for transcript pickup.
- For any rush, same day requests, there is a \$25.00 fee payable by check or cash in addition to the \$5.00 per transcript fee.

ALL STUDENTS WITH THE EXCEPTIONS LISTED BELOW CAN REQUEST THEIR TRANSCRIPTS AND PAY BY CREDIT/DEBIT CARD BY GOING TO OUR ON-LINE TRANSCRIPT ORDERING PARTNER'S (SCRIP-SAFE) WEB-SITE, iwantmytranscript.com/merrimack

CURRENTLY ENROLLED MATRICULATED STUDENTS: may order their transcripts using this transcript request form. There is no fee. If you require an electronic copy you must submit your request through Scrip-Safe and pay the required fee.

STUDENTS WHOSE TRANSCRIPTS CANNOT BE ORDERED VIA OUR ONLINE TRANSCRIPT ORDERING SYSTEM are:

***Students who attended prior to 1986. **Students who require an endorsement from the Education Dept. **Bradford College*

If you are in one of those categories, you will need to request your transcript using this request form and will need to send it via mail or come to the Registrar's Office with a check or cash for the \$5.00 fee per transcript and fill out a transcript request form. **WE DO NOT ACCEPT CREDIT/DEBIT CARDS.**

If you are a former student of the Professional Education programs and have earned non-degree credits towards a professional certificate and would like a copy of your transcript, please contact the office of Professional Studies at 978.837.3563 or email professionalstudies@merrimack.edu.

Full Name: _____ Maiden Name: _____
 ID# or SSN#: _____ Year of Graduation or attendance: _____
 Street _____ Phone Number: _____
 City: _____ State: _____ Zip: _____

Undergraduate Transcripts - Amount Needed _____ Attended Bradford College - Amount needed: _____
 Graduate Transcripts - Amount Needed _____ Attended Prior to 1986 - Amount needed: _____

Reasons for Request:

Graduate/Prof. School Scholarship/Fin.Aid Internship/Co-op Potential Transfer*
 Study Abroad Tuition Reimbursement Employment Other Reason: _____

Mail to at the above address I will pick up
 Mail my transcript to the address listed here: _____

Fax my transcript (unofficial) to: _____ Attn.: _____

Email my unofficial transcript to: _____

Signature: _____ Date: _____

For internal Use: Fee received in the amount of: _____ Processed by: _____ Date: _____