

TRANSCRIPT REQUEST
VILLA MARIA COLLEGE
RECORDS OFFICE
PHONE: 716-961-1875 FAX: 716-896-0705

NAME: _____
Last First M.I. Maiden Name

ADDRESS: _____ DATE OF BIRTH: _____
City State Zip PHONE #: _____

SOCIAL SECURITY #: _____

SIGNATURE (Required): _____ DATE _____

**** PLEASE CHECK THE APPROPRIATE SELECTION:**

OFFICIAL COPY _____ To be sent to another college or accrediting agency

STUDENT COPY _____ To be sent to the student for personal use

**** SEND TRANSCRIPT TO:**

Student or alumnus is responsible for the correct and legible address. Please print clearly:

There is a non-refundable prepaid fee of \$3.00 for Student Copies and \$5.00 for Official Copies which must accompany this request. Payment can be in cash, check, or money order payable to Villa Maria College or a credit card. (MC or Visa).

CC# and expiration date: _____

3 digit code on back of card _____

Billing address (if different from above information) _____

Business Office Payment Clearance _____

Please indicate your status with Villa Maria College:

Current Student _____ Former Student _____ Graduate _____ Advanced Placement _____

If you are currently enrolled at Villa Maria College, please choose one of the following options for processing your transcript:

Immediately _____ After Semester Grades _____ After Graduation _____