



Transcript Request Form

PLEASE PRINT LEGIBLY.

Name: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: _____

Email: _____

Dates of Attendance: _____

Year of Graduation: _____ Degree Earned: BA ____ AA ____ NA ____

Send transcript(s) to:

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Number of transcripts requested: _____ x \$5.00 per copy

Total: \$ _____

Payment type (please circle one):

Check Money Order Debit/Credit Cash

Please make check or money order payable to **Magdalen College of the Liberal Arts.**

Debit/Credit payments can be made to the Registrar over the phone: (603) 456-2656.

Send transcript request and payment to:

**Attn: Registrar
Magdalen College
511 Kearsarge Mountain Road
Warner, NH 03278**

Signature

Date

Transcript requests will be processed after the transcript request form and fee have been received by the Registrar. Please allow 5-7 business days from receipt for processing.