



TRANSCRIPT REQUEST FORM

Mildred Elley—Albany, NY
Office of the Registrar
855 Central Ave
Albany NY 12206
(518) 786-0855 x 1362 [phone]
(518) 640-8252 [fax]

Mildred Elley—NYC Metro
Office of the Registrar
25 Broadway, Floor 16
New York, NY 10004
(212) 380-9004 x 1632 [phone]
(212) 232-0216 [fax]

Mildred Elley—Pittsfield, MA
Office of the Registrar
505 East Street
Pittsfield, MA 01201
(413) 499-8618 x 221 [phone]
(413) 499-1041 [fax]

www.mildred-elley.edu/registrar

Full Name (*used at Mildred Elley*): _____

Social Security Number: _____ DOB: _____

Date Last Attended: _____ Campus Attended: Albany, NY Did you graduate? Yes
 NYC Metro No
 Pittsfield, MA

Current Address (*No., St.*): _____

City, State, Zip: _____

Current Phone Number: (_____) _____

IMPORTANT NOTE: Students who have any outstanding financial obligations to Mildred Elley will not be issued a transcript until such obligations are satisfied, and transcript fees paid will be applied to outstanding balances in default.

Transcript Issue Options: Please hold at the Office of the Registrar, I will pick up the transcript.
 Please send to my current address above.
 Please send the transcript to the organization/address below (*address required*):

Organization Name: _____

Mailing Address: _____

**** FAXED REQUESTS MUST BE PAID BY CREDIT CARD ****

Service Options: Regular: \$6 per transcript; mailed within 5 business days.
(*choose one*) Expedited: \$30 first transcript, \$6 each additional; includes overnight delivery within US; mailed within 2 business days.

Payment Options: Cash
(*choose one*) Money order or check payable to **Mildred Elley**
 Please charge my credit card. I authorize \$ _____ to be charged to:

Card Type (*choose one*): Visa MasterCard Discover AMEX

Card Number: _____

Cardholder Name: _____

Expiration Date: Month: _____ Year: _____

Cardholder Signature: _____

Student Signature (*required*)

Date (*required*)