UNIVERSITY OF DETROIT MERCY
Office of the Registrar

4001 W. McNichols Rd.
FAC 080
Detroit, MI 48221

Phone: 313-993-3313
Fax: 313-993-3317
Email: registrar@udmercy.edu

Transcript Request Form

Transcript orders will be processed within 24 hours during normal business hours if there are no holds preventing processing. Transcripts cannot be faxed, and can only be sent electronically if the order is placed online through the National Student Clearinghouse (www.nslc.org).

Regular processing (24 hours):
Optional expedited shipping:

$10.00 per copy
$30 Express United States **plus** cost of transcript(s)
$50 Express Canada/Mexico **plus** cost of transcript(s)
$75 Express International **plus** cost of transcript(s)

Student ID # or SSN# _____   Name: _____

Date of Birth: _____   Previous Name: _____
                                           (if different from current name)

Daytime phone #: _____   Address: _____

Email address: _____   _____

Institution(s) attended:
☐ University of Detroit Mercy   ☐ Current Student
☐ University of Detroit   ☐ Former Student – dates of attendance: _____ to _____
☐ Mercy College
☐ Other

Number of transcripts requested: _____   Separate sealed envelopes (If ordering more than one copy) ☐

Process Order:
☐ Now
☐ After grades are posted
☐ After degree is posted
Degree will be completed _____ month/year

Delivery Option:
☐ On Demand
☐ **Expedited shipping** – see fees above
☐ Mail to address below

Student Issued transcript(s):
All transcripts released to the student will be stamped "Issued to Student". Check with your receiver to ensure they will be considered official before sending.

Official transcript(s):   _____
(mailed to a 3rd party)   Company Name - Required

Attn: _____

_____
Address Line 1

_____
Address Line 2

_____
City, State Zip

X_____   **Date:** _____
Student signature authorizing release of transcript(s)

If submitting order my mail or fax, please provide the following payment information:

Total Charge: _____ ☐ Check ☐ Cash ☐ Credit

Credit Card #:

_____

Exp Date: _____/_____   Security Code: _____

Order reviewed by: _____

Order Processed by: _____   Date processed: _____/_____/_____

Total Charge: _____   Paid: _____

Student Accounting: Hold: _____
                        Clearance Authorized by: _____