

Molloy College
OFFICE OF THE REGISTRAR
1000 Hempstead Avenue
P O Box 5002
Rockville Centre, NY 11571-5002

NO EMAIL REQUESTS ACCEPTED.

Transcript Fee: A \$10.00 fee per copy is charged for each transcript ordered (official or "student" copies). Your request **WILL NOT** be processed until your records are cleared of any Holds. Include your cell number and email so we can contact you.

PLEASE PRINT YOUR CURRENT NAME AND ADDRESS:

LAST NAME	FIRST	MIDDLE
ADDRESS		APT.#
CITY	STATE	ZIP CODE

In-person pick-up of transcripts requires proof of your identity. To designate someone to pick-up for you, they need your signed written consent and must show proof of their identity.

Allow several business days for processing transcript requests. Official transcripts are mailed in a sealed envelope. Once opened, they are no longer "official".

PREVIOUS NAMES/MAIDEN NAME:

PREVIOUS NAMES/MAIDEN NAME

Molloy does not fax or email transcripts. Electronic transcripts are not available yet.

Indicate **Dates of Attendance Undergraduate:** _____
Undergraduate Degrees Awarded: _____

Your Cell Number: _____

Indicate **Dates of Attendance/Graduate:** _____
Graduate Degrees Awarded: _____

Your Email: _____

Reason for Request: _____

SSN: _____

Hold for **Final Grades** for Semester: _____

Date of Birth: _____

Hold for **Degree Award** notation: _____

Student's Signature (Required)

Hold for **Grade Change** (Semester & Course): _____

Date: _____

PICK-UP REQUEST (Do not fill out additional mailing information.)

Office Use only: Amount paid: _____ Date received: _____ Cash _____ Check _____ Money Order _____ Pick-up Promise Date: _____ Processed on: _____ DISTRIBUTION: White - Window Envelope for Mailing Yellow - Registrar Copy Pink - Student Receipt for In-person

SEND _____ COPY TO THE NAME & ADDRESS LISTED BELOW:

PRINT

THIS FORM WILL BE USED IN A WINDOW ENVELOPE. PLEASE PRINT YOUR INFORMATION LEGIBLY IN THE MAILING WINDOW BOX.

Revised 3.15.20

Transcript requests may be mailed or faxed to 516.323.4315.

CREDIT CARD AUTHORIZATION FORM FOR TRANSCRIPT REQUESTS

Cardholder's Name: _____

Card Number: _____

VISA **MasterCard** **Discover** **Expiration Date Required:** _____

I authorize **\$10.00** to be charged to the account above. (Use a separate form for each transcript ordered.)

Cardholder's Signature Required: _____

FOR OFFICE USE ONLY (BURSAR):	DATE:	INITIALS:
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LIU Post Transcript Ordering Instructions

Best way is online

1. <https://www.credentials-inc.com>
2. **Select offerings**
3. **Select order a transcript**
4. **Select Long Island University, Brookville**

Website link for additional information and alternate ways to order a transcript:

<http://liu.edu/CWPost/Enrollment-Services/Registration/Transcript-Orders>

OFFICIAL TRANSCRIPT REQUEST FORM

Office of the Registrar
Farmingdale State College
2350 Broadhollow Rd
Farmingdale NY 11735
(631) 420-2776 (phone)
(631) 420-2275 (fax)

Form Instructions

Transcript request may be submitted to Farmingdale State College, Office of the Registrar- Laffin Hall, Room 225, 2350 Broadhollow Road, Farmingdale NY 11735-1021; you may also use the after-hours drop box adjacent to the office entrance. Your requests must contain all information on the first page of this form.

Sample Address:

Farmingdale State College (<i>College name</i>)
Attn: Office of the Registrar (<i>Attention; Department</i>)
Laffin Hall, Room 225 (<i>Room/ Suite</i>)
2350 Broadhollow Road (<i>Street Address</i>)
Farmingdale, NY 11735 (<i>City, State, Zip</i>)

Transcript Fees:

1. Transcript Requests for (5) and under are free of charge.
2. All Transcript requests OVER (5) per request form cost \$5.00 each.
3. Re-sends cost \$5.00 each.

The Office of the Registrar is unable to process any requests for transcripts by those students with a financial obligation to the college. Please ensure that you have cleared any "holds" prior to submitting your transcript requests to avoid delay. The request will be mailed back to you if there is a "hold" on your record.

Official Transcripts requests are processed in chronological order; busy periods require extended processing time. You are responsible for following up with the school or organization where the transcript was sent.

Thank you for your cooperation; questions may be directed to the Office of the Registrar, at (631) 420-2776.

If you wish to fax your request, you may do so at (631) 420-2275.

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Farmingdale State College
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Farmingdale NY 11735
(631) 420-2776 (phone)
(631) 420-2275 (fax)

Your request must contain *all* information and signature.

Student Data	
Name _____	Maiden Name (if any) _____
RAM Number _____	Date of Birth _____
-or- Social Security Number XXX - XX - _____	Home Phone _____
Permanent (Current) Mailing Address _____ _____	Cell Phone _____

Did you partake in a Study Abroad program while at Farmingdale State College? Yes No

I authorize Farmingdale State College to release my Official Transcripts to the addresses below:

Student's Signature

Today's Date

Please note: Transcripts may only be sent to: (1) Student's Permanent Mailing Address (2) College/University (3) Official Place of Business

Please Indicate COMPLETE Mailing Address in the Spaces Below

Mail to:	Mail to:

Mail to:	Mail to:

Please Allow 5 Business days for processing. Processing time will be extended up to 2 weeks during busy periods.
***We do not Hold transcript request for any reason. If you are waiting for grades, grade changes or posting of your degree, do not submit your request until your academic record is updated. ***