



TRANSCRIPT REQUEST

Office of the Registrar • 240 Pine Ridge Road • Buffalo, NY 14225
(716) 896-0700 • FAX (716) 896-0705

NAME (Current) _____
Last First M.I.

NAME WHILE ATTENDING _____
Last First M.I.

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ CELL PHONE # _____

DATE OF BIRTH _____ LAST 4 DIGITS OF SOCIAL SECURITY # _____

SIGNATURE _____ DATE _____

STATUS WITH VILLA MARIA COLLEGE:

Current Student _____ Former Student _____ Graduate _____ Advanced Placement _____

Years Attended _____
(eg. 2010-2012)

FOR CURRENT STUDENTS ONLY:

Send Transcript Immediately _____ Send Transcript after Grades are Posted _____ Send Transcript after Graduation _____

TRANSCRIPT FEE: Payment can be made by cash, check, money order or credit card.

\$5.00 Official transcript _____

\$3.00 Student Copy _____

SEND TRANSCRIPT TO:

NAME OF COMPANY/SCHOOL _____

ATTENTION OF _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Credit Card Information

Card Number: _____
Expiration Date: _____
3-Digit Security Code: _____
Bus. Office Payment Clearance: _____

For Office Use Only

Method of Payment: _____
Date Received: _____
Date Sent: _____