Gwynedd-Mercy College

Center for Lifelong Learning

a degree of difference

REQUEST FOR OFFICIAL TRANSCRIPT

To (previously attended institution) _____

Address _____
City State Zip

From _____
Student name Name on transcript if different (Maiden/Other name)

Dates of Enrollment _____
From To

Social Security Number_____ _____ _____ Date of Birth _____

Student Signature _____ Date _____

Send ONE OFFICIAL Copy to: Gwynedd-Mercy College/Center for Lifelong Learning

Amount Enclosed: $ _____

1250 Virginia Drive • Suite 250 • Fort Washington, PA 19034-3206 • Tel: 1-877-499-6333 • Fax 215-643-9104

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