



Office of the Registrar  
7373 Admiral Peary Highway  
Cresson, PA 16630-1990

[www.mtaloy.edu](http://www.mtaloy.edu)  
e-mail: [registrar@mtaloy.edu](mailto:registrar@mtaloy.edu)  
Office (814) 886-6400  
(814) 886-6343  
(814) 886-6337  
Fax (814) 886-2750

April 8, 2016

Dear Guidance Counselors,

If a student is graduating from your high school this year and he/she needs to request an official transcript from Mount Aloysius College, they can request a transcript online at [www.getmytranscript.com](http://www.getmytranscript.com) or they can complete the attached form and mail it to our office. (If the student requests their transcript online, please skip the student ID box.)

Please give a copy of this letter and the attached form to all dual enrollment students that took a class with Mount Aloysius College.

Sincerely,

A handwritten signature in cursive script that reads "Nancy Appley".

Nancy Appley  
Records & Registration Specialist



Office of the Registrar  
 7373 Admiral Peary Highway  
 Cresson, PA 15630-1990

www.mtaloy.edu  
 e-mail: registrar@mtaloy.edu  
 Office (814) 886-6400  
 (814) 886-6343  
 (814) 886-6337

**OFFICIAL TRANSCRIPT REQUEST FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone number: \_\_\_\_\_

Last four digits of your Social Security number: XXX-XX- \_\_\_\_\_

Date of birth: \_\_\_\_\_

Important! Please check if applicable:  I wish this order to be delayed until my final grades have been submitted to Mount Aloysius College.

I will pick up \_\_\_\_\_ (number of) official transcript(s) at the Registrar's Office at Mount Aloysius College.

I want to have \_\_\_\_\_ (number of) transcript(s) mailed to myself at the above address.

I want to have \_\_\_\_\_ (number of) transcript(s) mailed to the third party/parties at the following addresses:

- |    |       |    |       |
|----|-------|----|-------|
| 1. | _____ | 2. | _____ |
|    | _____ |    | _____ |
|    | _____ |    | _____ |
|    | _____ |    | _____ |
| 3. | _____ | 4. | _____ |
|    | _____ |    | _____ |
|    | _____ |    | _____ |
|    | _____ |    | _____ |

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Transcripts are \$5.00 per copy and payment may be submitted in the form of cash or check. (We do not accept credit card payments.) Please make checks payable to Mount Aloysius College. Transcripts will not be processed until payment is received. Allow five business days for processing.

Please mail this form and payment to the address above.

Office Use Only: Date received _____ Date released _____ Amount received _____ Initials _____
---