



TRANSCRIPT REQUEST FORM

The Family Educational Rights and Privacy Act (FERPA), a U.S. law designed to protect student's privacy Marist College cannot release a student's academic record, even to the student in question, without a written ORIGINAL request. This form will serve as a written request authorizing Marist to send your transcript with your grades to you or your home institution upon completion of the program.

Student Information:

Last Name _____ First Name _____

Date of Birth (mm/dd/yyyy) _____ SS Number _____

Year of Attendance at Marist-LdM Program _____

Term: ☐ Fall ☐ Spring ☐ Academic Year ☐ January Intersession ☐ Summer I ☐ Summer II ☐ Summer I & II

Current Contact Information:

Daytime Phone _____ E-Mail _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Transcript Request:

Students participating in the Marist-LdM Study Abroad program are entitled to one free Marist College transcript. Students may request additional transcripts for a fee of \$5.00 U.S. per transcript. I understand that my transcript will be released by Marist College after my grades have been received and logged into the my Marist College student record. I understand that transcripts are not available for release until 8-10 weeks after the completion of the semester.

Mail transcript to:

Students are responsible for ensuring that the information provided below is complete and accurate. Marist College is not responsible for unreceived transcripts. Students requesting additional copies of their transcript will need to complete an additional transcript release form and pay the \$5 transcript release fee.

☒ Please send the transcript(s) to the party listed below

Name (First, Last) Pam Hendrix Center for Education Abroad

Institution Clemson University

Office/Dept. Office of Global Engagement

Address E-301 Martin Hall Box 345714

City Clemson State South Carolina Zip Code 29634 Country United States

Permission to release transcript:

FERPA requires that all transcript requests be received in hard copy with an original signature.

Student Signature: _____ Date _____

Office use only:

Date Received _____ Date Mailed _____