Transcript Request Form
Dual Enrollment*

MCCC Student ID# or Social Security Number

SEND TO:

Today’s Date ____/____/_____

Student Date of Birth: ____/____/_____

If you were last registered under a different name, indicate former name: __________________________

It is your responsibility to provide a complete and legible address.

1. Requests will not be processed unless all financial obligations to the college have been satisfied.
2. In-person requests require a valid photo ID
3. NOTE: High School graduation ends the parental right to student records without a signed FERPA waiver initiated by the student allowing access.

Signature: ________________________________________________________________

YOUR NAME AND COMPLETE ADDRESS

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Phone #: ________________________________________________________________

E-mail address: __________________________________________________________

*GRADUATING DUAL ENROLLMENT STUDENTS ARE PROVIDED ONE COMPLIMENTARY TRANSCRIPT. PLEASE PRINT A FORM FOR EACH ADDITIONAL TRANSCRIPT REQUESTED. THERE IS A $5.00 PER COPY CHARGE.

MAIL TO:
MCCC ENROLLMENT SERVICES
College Hall, 340 DeKalb Pike
Blue Bell, PA  19422

•Phone: 215-641-6551
•Fax: 215-619-7188
•Scan/Email: rr@mc3.edu

Please make check payable to MCCC or you may charge to a Visa, MasterCard, Discover, or American Express.

Credit Card # ____________________________ EXP. DATE ___________ SEC. Code_________