

Please allow 3-5 Business Days for Processing

Office of the Registrar 3200 Cold Spring Rd, Indianapolis, IN 46222 317.955.6050 regis@marian.edu

Student Information: Please PRINT	
Student name:	Last four of SS# or student ID:
Student Email:	Student Phone Number: ()
Delivery Options: o E-mail	o Mailed via USPS
To Individual/Entity:	
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Mailing Address:	
Description / Name of Attached Doo	cument to be sent:
Special Delivery Notes (if any):	
, ,	he Office of the Registrar at Marian University to send my
	ne person or organization listed above.
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