



Brandeis University  
Office of the University Registrar  
**Transcript Request Form**

Mail Stop 068  
415 South Street  
Waltham, MA 02453-2728

(781) 736-2010  
Fax (781) 736-3485

**Instructions**

1) Print all information clearly. 2) Don't forget to sign the form. 3) Allow two business days for request to be processed.

**Student Information**

**SAGE ID:** 20  **OR Last 4 Digits of your SSN:**  **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Last Name	First Name	Email Address	Phone #
<b>Attended Brandeis From :</b> _____ <b>To:</b> _____			
	Session / Year	Session/Year	Last Name , First Name (as it was when you were enrolled at Brandeis)

**Transcript Request Information**

<b>Quantity:</b> _____	<input type="checkbox"/> <b>Hold For All Grades</b>	<input type="checkbox"/> <b>Pick-Up</b>
<b>Check All that Apply</b>		<input type="checkbox"/> <b>Send via Regular Mail</b>
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Continuing Education	<input type="checkbox"/> <b>Send via Express Mail (<a href="#">See Instructions</a>)</b>
<input type="checkbox"/> Undergraduate Non Degree*	<input type="checkbox"/> Brandeis Summer School	
<input type="checkbox"/> Graduate		
<input type="checkbox"/> Graduate Non Degree*		

**Mailing Information**

Name / Office / Department: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_

**Other Instructions:**

<b>Quantity:</b> _____	<input type="checkbox"/> <b>Hold For All Grades</b>	<input type="checkbox"/> <b>Pick-Up</b>
<b>Check All that Apply</b>		<input type="checkbox"/> <b>Send via Regular Mail</b>
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Continuing Education	<input type="checkbox"/> <b>Send via Express Mail (<a href="#">See Instructions</a>)</b>
<input type="checkbox"/> Undergraduate Non Degree*	<input type="checkbox"/> Brandeis Summer School	
<input type="checkbox"/> Graduate		
<input type="checkbox"/> Graduate Non Degree*		

**Mailing Information**

Name / Office / Department: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_

**Other Instructions:**

I hereby authorize the release of my official transcript.

\_\_\_\_\_  
**Signature (Required)** **Date**

Processed On:

Processed By:

\* The non-degree careers include programs such as Cross Registration, Transitional Year Program (Prior to Fall 2009), Special Students, Exchange Students and Employees.