

Office of the University Registrar

P.O. Box 549110, Waltham, MA 02454-9110
(781) 736-2010, Fax (781) 736-3485

GRADUATE Transcript Request Form

Student Information

Allow 48 hours for request to be processed. No exceptions. Lack of signature or incorrect address will cause delay.

Last Name: _____ First Name: _____ Date: _____

Name While Enrolled: _____

sage ID # or SSN: _____ Years of Attendance: _____ to _____

Transcript Request Information

Transcript Type: Graduate _____ *Graduate Non Degree _____

Quantity: _____ Send: _____ Pick Up: _____ Hold for All Grades: _____

Send To: _____ Other: _____

Country: _____

Address 1: _____

Address 2: _____

Address 3: _____

City: _____ State: _____ Zip Code: _____

Transcript Type: Graduate _____ Graduate Non Degree _____

Quantity: _____ Send: _____ Pick Up: _____ Hold for All Grades: _____

Send To: _____ Other: _____

Country: _____

Address 1: _____

Address 2: _____

Address 3: _____

City: _____ State: _____ Zip Code: _____

ADDITIONAL ADDRESSES LISTED ON THE BACK: _____

Requestor's Signature – Required for Transcript Processing

I hereby authorize the release of my official transcript.

Student Signature: _____ Date: _____

Email: _____ Phone Number: _____

Office Use Only

Processed On: _____ Processed By: _____

* The Non Degree careers includes programs such as Cross Registration, Transitional Year Program, Special Students, Exchange Students and Employees.