

# Office of the University Registrar

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

## CONTINUING EDUCATION 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: Continuing Education \_\_\_\_\_

Quantity: \_\_\_\_\_ Send: \_\_\_\_\_ Pick Up: \_\_\_\_\_ Hold for All Grades: \_\_\_\_\_

Send To: \_\_\_\_\_ Other: \_\_\_\_\_

Country: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Transcript Type: Continuing Education \_\_\_\_\_

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.