



# Unofficial Transcript Request Form Springfield College

Office of the Registrar  
263 Alden Street  
Springfield, MA 01109-3797  
Phone (413) 748-3530

(Please complete ALL of the questions below:)

Name \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ ID# \_\_\_\_\_

Telephone Number \_\_\_\_\_

(If you attended under a different name, please indicate here) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Are you presently enrolled? Yes / No

If not, indicate your last semester of attendance: \_\_\_\_\_

Dates of attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? Yes / No

Year of graduation: \_\_\_\_\_

Major(s): \_\_\_\_\_

Do you have Teacher Certification? Yes / No

Please hold this request until the present semester grades have been recorded: Yes / No / Not Applicable

Please hold this request until my degree has been recorded: Yes / No / Not Applicable

Number of Unofficial Transcripts requested: \_\_\_\_\_

Unofficial Transcript(s) to be picked up? Yes / No Contact number \_\_\_\_\_

Unofficial Transcript(s) to be mailed? Yes / No Mailing address \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

\*\*\* This request is for an unofficial transcript, which includes the complete academic record of the student's undergraduate and/or graduate coursework. This transcript will be stamped "UNOFFICIAL", and "ISSUED TO STUDENT", and will not bear the signature or name of the Registrar, and will not bear the college seal. An unofficial transcript is issued to the student for their personal and/or academic use.

\*\*\* Please be advised that the following exceptions may delay processing of your transcript request up to seven business days:

- Academic transcripts reflecting enrollment prior to 1999.
- Requests received during registration periods, new student orientation, the first and last periods, new student orientation, the first and last week of classes, and commencement week.

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| <b>Office of the Registrar Use Only</b> |
| PROCESSED BY: _____                     |
| DATE: _____                             |