



**SPRINGFIELD COLLEGE
OFFICE OF THE REGISTRAR**

For Office Use Only Student ID: _____ Date received: _____ Amt Pd: _____ Init: _____

OFFICIAL TRANSCRIPT REQUEST

Complete all information below - Please print neatly using a ball point pen or type and return with payment to: Springfield College, Registrar's Office, 263 Alden Street, Springfield MA 01109

Number of copies to be sent _____	Date of Request _____	Soc. Sec. Number _____
Date of Birth ___/___/___	Currently enrolled? ___ Yes ___ No	Current Status? ___ GR ___ UG ___ PH
Degree Received ? (Check if yes) ___ UG ___ GR ___ PH	Dates of attendance: From: _____ To: _____	
If your name has changes since your record was established, please print your original name.		
Divisions Attended (Check all that apply) ___ Undergraduate ___ Graduate ___ Doctoral	Send Transcript: ___ Now ___ At the end of the semester when final grades are posted ___ (Current degree candidates) At the end of the semester when final grades and degrees are posted	

Student Name and Address: _____

Phone: _____

Email: _____

Mail the Transcript to: _____

You should verify the correct mailing address of the intended recipient prior to placing your order.
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Student Signature _____

Special Instructions _____

- Transcripts are \$5.00 each
- Allow five to seven business days for processing
- ALL financial obligations to the College must be reconciled before transcripts will be released
- Use a separate form for each different mailing address