



# Transcript Request Form

**Student Information** (All fields are required)

First Name		Middle Name/Initial	Last Name	Former Name(s)	
Student ID Number or Date of Birth		Email Address		Phone Number	
Current Street Address		City		State	Zip Code
Dates Attended		Major/Degree Received		Year of Graduation	
Campus	Boston	Worcester	Manchester	Online	Newton Other
If Current Student	Hold for Current Grade?		Hold for Graduation?		

**Transcript Recipient Information**

Please specify recipient information below. Note: Official transcripts must remain in a sealed envelope or come from registraroffice@mcphs.edu. Additional addresses can be attached or written on the back of this form.

<input type="checkbox"/>	Check this box if a form or document is to be sent with your transcript. Please attach form or document to this request.
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Recipient Name(s) & Mailing Address(es)		Number of Copies
Email Address		
Fax Number		

**Student Signature** (Required)

Transcript requests must include a handwritten signature.

Signature		Date	
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Please return this form to the Registrar's Office via mail, fax, or email:

**Boston:** MCPHS University, Registrar's Office, 179 Longwood Avenue, Boston, MA 02115

**Fax:** 617-735-1050

**Email:** Registraroffice@mcphs.edu