



# 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 (circle one)	Boston	Manchester	Newton	Online	Worcester	Other			
Current Student? (circle one)	Yes or No	Hold for current semester grades?	Yes or No	Hold for graduation?	Yes or No				

## Transcript Recipient Information

Please specify recipient information below. Note: Official transcripts must remain in a sealed envelope. 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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Official Transcripts	
Recipient Name(s) & Mailing Address(es)	Number of copies

Unofficial Transcripts	
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:** Registrarsoffice@mcphs.edu