OFFICIAL TRANSCRIPT REQUEST FORM
OFFICE OF THE UNIVERSITY REGISTRAR
UNIVERSITY OF MASSACHUSETTS DARTMOUTH
285 Old Westport Road
North Dartmouth, MA 02747-2300
Phone Number (508) 999-8615 Fax Number (508) 999-8633

PLEASE PRINT CLEARLY

Last Name ___________________________ First Name ___________________________ MI ___________________________ Student Identification Number ___________________________

Street ___________________________ Apt No. ___________________________ Home Telephone No. ___________________________

City ___________________________ State ___________________________ Zip ___________________________ Work Telephone No. ___________________________

Date of Birth ___________ / ___________ / ___________ Maiden name or other last name on record ___________________________

Month Day Year

Currently enrolled at UMD Yes _____ No _____

If not currently enrolled, please indicate dates of attendance ___________________________ Or Year of Graduation ___________________________

Day Division_______ Division of Continuing Education_______ Summer _______ Other _______

Did you receive a Bachelor’s Degree_______ or Master’s Degree_______ Major ___________________________

Number of official copies requested_______ Number of unofficial copies requested _________

Send transcript -
Routine – 3-4 Business Days After change of grade After final grades After degree statement At Once

- Or Student pick up on ___________________________ (allow 2-3 days during peak periods)

Purpose of official transcript: Transfer _____ Graduate school _____ Certification _____ Employment _____ Other ___________________________

Send Transcript to: (If yourself, write self) include zip code ___________________________

____________________________________________________

Allow: 3-4 working days to process your transcript request

____________________________________________________

NOTE: Transcripts will not be processed without student’s signature:

____________________________________________________

Signature ___________________________ ___________ / _______ / _______ Month Day Year

DATE SENT_________________

BY_________________

Rev: 2/08