

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

Note: You must use a separate form for each mailing address to which you are forwarding a transcript (Even if you are hand carrying them)

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: 1/02