

Office of University Registrar
 Foster Administration Building, Room 116
 285 Old Westport Road
 Dartmouth, MA 02747

Phone: 508.999.8615
 Fax: 508.999.8633
 Email: Registrar@umassd.edu

OFFICIAL TRANSCRIPT REQUEST FORM

Student Last Name	Student First Name	Student ID or Last 4 of SSN
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Street Address	Apt. No.	Home Telephone No.
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
City	State	Zip
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of Birth	Maiden name or other last name on record	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

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

Did you receive a Bachelor's Degree: Yes No or Master's Degree: Yes No

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 pickup on (allow 2-3 days during peak periods)

Purpose of 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 sending 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 Date
Print and sign or add a scanned e-signature; Do not type signature.

Registrar Office Use Only

Date: _____

Processed By: _____