

Office of University Registrar  
 Foster Administration Building, Room 116  
 285 Old Westport Road  
 Dartmouth, MA 02747  
 Phone: 508-999-8615

You must electronically submit this form at <https://www.umassd.edu/ssc/> and select "Submit an Inquiry". You will log a case under the Registrar topic and submit this form as an attachment.

## UNOFFICIAL TRANSCRIPT REQUEST FORM

Please note, this form must only be used to obtain unofficial transcripts by former students who no longer have access to COIN for Students. Official transcripts must be requested through the National Student Clearinghouse at [www.studentclearinghouse.org/students/](http://www.studentclearinghouse.org/students/) and more information can be found at [www.umassd.edu/registrar](http://www.umassd.edu/registrar)

Student Last Name	Student First Name	Student ID or Last 4 of SSN
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Street Address	Apt. No.	Home Telephone No.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
City	State	Zip
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date of Birth	Maiden name or other last name on record	Email
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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

<b>SEND TRANSCRIPT TO:</b> (Provide email and/or mailing address)	Number of Unofficial copies requested <input style="width: 30px;" type="text"/>

**ALLOW:** 3-4 working days to process your transcript request

**NOTE:** Transcripts will not be processed without student's signature:

<b>Signature</b>	<b>Date</b>
<i>Print and sign or add a scanned e-signature; Do not type signature.</i>	

*Registrar Office Use Only*

Date: \_\_\_\_\_

Processed By: \_\_\_\_\_