

Law Enrollment Center
 333 Faunce Corner Rd
 Dartmouth, MA 02747-1252

Phone: 508.985.1100
 Fax: 508-985-1104
 Email: lec@umassd.edu

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/ and more information can be found at:

<https://www.umassd.edu/law/students/law-enrollment-center/transcripts/>

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: 50%;" type="text"/>	<input style="width: 95%;" type="text"/>
City	State	Zip
<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 50%;" type="text"/>
Date of Birth	Maiden name or other last name on record	Email
<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Please indicate dates of attendance: or Year of Graduation

SEND TRANSCRIPT TO: (Provide email and/or mailing address) <input style="width: 95%; height: 80px;" type="text"/>	Number of Unofficial copies requested <input style="width: 30px;" type="text"/>
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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.

LEC Use Only

Date: _____

Processed By: _____