



Stockbridge School at UMass Amherst

111 Stockbridge Hall • UMass Amherst • Amherst, MA
01003 Phone 413-545-2222 Fax 413-577-0242

TRANSCRIPT REQUEST FORM

Please print:

Last Name First Name MI Date of Request

Former Name (if applicable)

SPIRE ID or SS#

_____/_____/_____
Date of Birth

Current Address Street City State Zip

(____) - ____ - ____
Home phone

(____) - ____ - ____
Cell phone

SIGNATURE

Number of copies requested: _____ **OFFICIAL (\$4.00 each)**

- each student is entitled to one free copy; additional copies are \$4.00 each
- copies are free if sent to on-campus offices

_____ **UNOFFICIAL (no charge)**

Transcript(s) will be: _____ **PICKED UP**

_____ **MAILED TO:** _____

OFFICE USE ONLY

Date: _____
 mailed picked up

Fee paid: _____
 cash check #
 1st request no charge