UMassAmherst

Office of the University Registrar 213 Whitmore Administration Building 181 Presidents Drive Amherst, MA 01003

Phone: 413-545-0555 Fax: 413-545-2920 Email: regtrans@registrar.umass.edu

ON-CAMPUS TRANSCRIPT REQUEST FORM

Use this form if you want a paper copy of your transcript sent to another office located on the UMass Amherst campus or if you want to pick up your official transcript in-person at the Office of the University Registrar

Current Name		
Last	First	Middle
Former Name (if applicable)		
Student ID# (if known)	Date of Birth	
E-mail Address	Telephone Number	
Dates of Attendance		
OPTION 1: Pick up your official transcript(s) in-person	on (takes 2 business days)	
Number of Transcripts: If being picked up by someone else, please put their name here:		
OPTION 2: Send paper copy of your official transcrip (takes 3-4 business days)	ot(s) to an office on the UMass	Amherst campus
Number of Transcripts:		
Recipient Name:		
Campus Office:		
Address 1:		
Address 2: University of Massachusetts Amh	perst	
City, State, Zip: Amherst, MA 01003		
Print Nama	Data of D	oquest
Print Name	Date of Ro	equest
Signature (required)		