

## **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** \_\_\_\_\_

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### **OPTION 1:** Pick up your official transcript(s) in-person *(takes 2 business days)*

**Number of Transcripts:** \_\_\_\_\_ *If being picked up by someone else, please put their name here:*

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### **OPTION 2:** Send paper copy of your official transcript(s) to an office on the UMass Amherst campus *(takes 3-4 business days)*

**Number of Transcripts:** \_\_\_\_\_

**Recipient Name:** \_\_\_\_\_

**Campus Office:** \_\_\_\_\_

**Address 1:** \_\_\_\_\_

**Address 2:** *University of Massachusetts Amherst*

**City, State, Zip:** *Amherst, MA 01003*

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Print Name

Date of Request

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Signature (required)