



ON-CAMPUS TRANSCRIPT REQUEST FORM

UNIVERSITY REGISTRAR'S OFFICE
213 WHITMORE ADMINISTRATION BUILDING
UNIVERSITY OF MASSACHUSETTS
181 PRESIDENTS DRIVE
AMHERST, MA 01003-9313

voice 413.545.0555
fax 413.545.2920
email: regtrans@registrar.umass.edu

STUDENT INFORMATION

Current Name _____
Last First Middle

Former Name (if applicable) _____

Student ID# or last 4 digits of SS# _____ Date of Birth _____

Email Address _____ Telephone Number _____

Dates of Attendance _____

Current Mailing Address _____

TRANSCRIPT INFORMATION *(please allow 3-5 business days for processing)*

Number of transcripts: _____

Transcript(s) will be picked up

or

Deliver Transcript(s) to:

Contact Person: _____

Office Name: _____

Building/Room #: _____

Student Signature Required

Date of Request