

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 *(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 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*

Print Name

Date of Request

Signature (required)