



# 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 ~~U~~ ~~A~~ ~~A~~ ~~A~~ ~~SS~~# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

Current Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Transcript(s) will be picked up  
or

Deliver Transcript(s) to:

Contact Person: \_\_\_\_\_

Office Name: \_\_\_\_\_

Building/Room #: \_\_\_\_\_

\_\_\_\_\_  
Student Signature Required

\_\_\_\_\_  
Date of Request