

## ON-CAMPUS TRANSCRIPT REQUEST FORM FOR FORMER MT IDA STUDENTS

Use this form if you are a **former Mt. Ida student** and 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)