UMassAmherst

Office of the University Registrar 213 Whitmore Administration Building 181 Presidents Drive Amherst, MA 01003

Phone: 413-545-0555 Fax: 413-545-2920 Email: regtrans@registrar.umass.edu

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 tra (takes 3-4 business days)	anscript(s) to an office on the UMass Ar	nherst campus	
Number of Transcripts:			
Recipient Name:			
Campus Office:			
Address 1:		_	
Address 2: University of Massachuset	ts Amherst		
City, State, Zip: Amherst, MA 01003			
Print Name	Date of Requ	Date of Request	
Signature (required)			