

Transcript Request

1. Complete name at time of enrollment.

2. **Eight digit student ID number** or Social Security Number

3. Date of Birth. ____/____/____

4. Attended UMass Boston____ or Boston State College____

5. Your approx. dates of attendance ____/____ - ____/____

6. Date of graduation and type of degree received (if applicable).

____/____ _____

7. The name and address of the official transcript destination

Name_____

Address_____

City_____ State____ Zip_____

Or Pick up at UMass office_____

8. Your address and a phone number where you can be reached.

Name_____

Address_____

City_____ State____ Zip_____

Phone Number _____

9. Number of official copies of transcript being requested. _____

10. Your signature _____ Date _____

Send FAX to 617-287-6242