



Transcript Request Form

Office of The Registrar • One Armory Square • PO Box 9000 • Springfield, MA 01102-9000 • Tel: 413-755-4321

Transcript Request Form Revision 12/11/2014

Please READ this important information before completing the form

- Transcript requests will not be processed if your STCC account has an outstanding balance.
- An Official Transcript is \$3.00 per copy.
- Official transcripts will be processed in two working days.

- There is **No Cost for Unofficial Transcripts.** (Students who attended STCC after 2001 can access unofficial transcripts on WebAdvisor)
- **Faxed requests will not be accepted.**
- **Processed transcripts cannot be faxed.**

- Make check or money order payable to STCC •

In-person requests are paid for at the Student Accounts Office. Accepted forms of payments are: **cash • check • money order • debit/credit**

Fill in all sections and sign this form to prevent any processing delays.

STUDENT ID # or SSN
LAST NAME
FIRST NAME
MAIDEN NAME
HOME ADDRESS
TELEPHONE
CITY STATE ZIP CODE

APPROXIMATE YEARS OF ATTENDANCE: (ex. 1989 to 2008)
_____ To _____
<input type="checkbox"/> Official _____ Number of copies <input type="checkbox"/> Mail out
<input type="checkbox"/> Unofficial _____ Number of copies <input type="checkbox"/> Pick up
<input type="checkbox"/> Hold for final grades – this semester
If you indicate “hold for final grades ,” you are requesting that your transcript not be processed until the final grading process for the ending term has been completed. Please allow 2 weeks after term has ended to process your request.
<input type="checkbox"/> GRADUATING SENIORS – this semester
If you indicate that you are “ graduating this semester ,” your request will not be processed until the degree or certificate has been posted. Please allow 3 weeks after term has ended to process your request.

Mail Transcripts To: (Person/Institution/Agency) Must supply a complete mailing address for proper delivery

NAME of PERSON, INSTITUTION or AGENCY
DEPARTMENT or INDIVIDUAL
STREET ADDRESS
CITY STATE ZIP CODE

NAME of PERSON, INSTITUTION or AGENCY
DEPARTMENT or INDIVIDUAL
STREET ADDRESS
CITY STATE ZIP CODE

Student's Signature: _____

Student's signature required to process request

Date of Request: _____ (Today's date)

◀ **Unsigned requests will not be processed!**

THIS AREA IS FOR OFFICE USE ONLY

Payment	<input type="checkbox"/>		/ /
Receipt Number	Student Accounts	P/PU	Registrar's Office
			Date Processed