



Registrar's Office • Bldg 19, room 169 • 413-755-4321 • registrar@stcc.edu

UNOFFICIAL TRANSCRIPT REQUEST

This Unofficial Transcript Request may be submitted via post mail or email
via email to: **registrar@stcc.edu**
via post mail to: **STCC, Attn: Registrar's Office, One Armory Square, PO Box 9000,
Springfield, MA 01102-9000**

The Unofficial Transcript will be processed and **sent out via mail delivery**

There is NO COST for Unofficial Transcripts

Approximate Years of Attendance at STCC _____ to _____ (ex. 1979 to 2021)

Student Last Name _____

Last Name when attended, if different _____

Student First Name _____

Student ID# or SSN _____

Telephone Number _____

eMail Address _____

Number of Copies _____

Transcript Mailing Addresses: You may complete up to 2 mailing addressees per form

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

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

Student's Signature: _____
Student's signature required to process request

◀ Unsigned requests will not be processed

Date of Request: _____ (Today's date)

By submitting this signature, I _____, certify that I am the above-named student and my electronic signature has the same validity and legally binding effect as signing this consent form by my hand in ink.

THIS AREA IS FOR OFFICE USE ONLY

Registrar's Office Staff _____	Date Processed _____
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