



**Registrar's Office**  
 Cambridge College  
 500 Rutherford Avenue  
 Boston, MA 02129  
 Phone: 617.873.0101  
 Fax: 617.242.0026  
 registrar@cambridgecollege.edu

# Transcript Request

**Processing time is 7-10 business days.**  
**Transcripts will be mailed by standard USPS service only.**

Student ID# \_\_\_\_\_

**Your Cambridge College Location**

Boston (formerly Cambridge)

Lawrence       Puerto Rico

Springfield       Southern California

Other \_\_\_\_\_

**Student Information** PLEASE PRINT CLEARLY and COMPLETE ALL INFORMATION

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

**Dates of Enrollment** from \_\_\_\_\_ to \_\_\_\_\_ Former name \_\_\_\_\_

**Graduated?**  No  Yes Year: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Transcripts cannot be processed if student has an admissions or business HOLD.**

<b>Transcript Retrieval Information</b>		
If you have more than one degree from Cambridge College, <b>please indicate which transcript(s) you would like.</b> Each degree requires a separate transcript.		
	How many <b>official</b> transcripts @\$5 each	How many <b>unofficial</b> transcripts @\$2 each
Bachelor's degree		
Master of Education		
Master of Business Administration		
Master of Management		
Certificate of Advanced Graduate Studies		
Doctor of Education		
Certificate		
Non-matriculated student		

- Do not mail until after upcoming conferral date.
- Do not mail until semester grades have been received.

**Payment**

**By signing this form, I agree for Cambridge College to charge the credit card below for the cost of the transcript(s) requested. (regular processing/USPO mailing only).**

VISA     MASTERCARD     Cash

Check/Money Order enclosed - payable to Cambridge College

Credit card number \_\_\_\_\_

Expiration date (mm/yy) \_\_\_\_/\_\_\_\_ Security code \_\_\_\_\_

**Signature**

on paper  
 printout \_\_\_\_\_

Date \_\_\_\_\_

**Send OFFICIAL transcript to ADDRESS:**

number of copies \_\_\_\_\_ to be mailed to:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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number of copies \_\_\_\_\_ to be mailed to:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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number of copies \_\_\_\_\_ to be mailed to:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Send UNOFFICIAL transcript to ADDRESS:**

number of copies \_\_\_\_\_ to be mailed to:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Clearance	Balance Due \$	Refund Due \$
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