

TRANSCRIPT RELEASE FORM

RETURN FORM TO:
Bay State College
122 Commonwealth Avenue
Attention: Transcript Request
Boston, MA 02116
FAX: 617-217-9045



OFFICE USE ONLY

Amount received: _____
Registrar's Office: _____
Date Received: _____
Date Released: _____
Microfilm Roll #: _____

PLEASE READ CAREFULLY

- THERE IS A \$10.00 FEE FOR EACH TRANSCRIPT REQUESTED**(cash, check , money order or credit card)
*\$20.00 for same day service transcripts not requiring microfilm search, credit card/personal check payment, or mailed.
- Allow *2 business days from date of receipt* for processing your transcript request for records after 1985. Before 1985 and for schools with an asterisk please allow 3 business days from date of receipt for processing.
- An official transcript will not be released for any student with an outstanding financial obligation to the college.
- An official transcript is sent directly to a college or employer. Please be aware that if you choose to pick up the transcript or have it mailed directly to you, it will be stamped "official copy issued to student."

NAME _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
NAME USED WHILE ATTENDING SCHOOL _____ PHONE _____
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____
Email Address: _____

I attended (Please check all that apply):

- Bay State College Day Division
- Bay State College Continuing Education
- *Carnegie Institute
- *Chandler School for Women
- *Andover Junior College
- *Franklin Morris Academy
- *Bradford School
- *Philadelphia School of Technology
- Burdett College

Are you currently enrolled? YES ___ NO ___ Did you graduate? YES ___ NO ___
Program / Major while attending school _____
Dates of Attendance (month/year) from _____ to _____

I hereby authorize Bay State College to release an official transcript of my academic record.

Signature _____ Date _____

*The Registrar's Office accepts credit card payments in writing **not over the telephone**. If mailing or faxing the form, please fully complete the following information:
If faxing use fax number **(617) 217-9045**, to the attention of Registrar's Office.

Cardholders name (please print): _____
Visa ___ Mastercard ___
Account number: _____ Expiration Date (Mo/Yr): _____
Signature: _____ Security Code: _____

DESTINATION ADDRESS

Please have transcript sent to the following address(es). You must provide a **complete** address or the form will be returned to you.

1.) _____ (college or organization)
 _____ (contact name)
 _____ (street address)
 _____ (city, state, zip code)

2.) _____ (college or organization)
 _____ (contact name)
 _____ (street address)
 _____ (city, state, zip code)

Hold request until after current semester _____ Will pick up in the Registrar's Office _____

Fax **FREE** of charge an unofficial copy to:

Contact person _____ Fax Number _____