



# Bay State College Transcript Release Form

RETURN FORM TO:  
Bay State College  
122 Commonwealth Avenue  
Attention: Transcript Request  
Boston, MA 02116  
FAX: 617-217-9045  
EMAIL: [registraroffice@baystate.edu](mailto:registraroffice@baystate.edu)

**Transcript Fee: \$10.00 per copy (\$20.00 for same day service in person not requiring microfilm search).**

Please allow one to three business days from date of receipt for processing your transcript request.  
Official transcripts will not be released for students with an outstanding financial obligation to the college.

NAME \_\_\_\_\_  
FORMER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
ID# or Last 4 Digits of SSN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
PHONE# \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

I attended (Please check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Bay State College         | <input type="checkbox"/> Andover Junior College            |
| <input type="checkbox"/> Bay State Jr. College     | <input type="checkbox"/> Carnegie Institute                |
| <input type="checkbox"/> Burdett College           | <input type="checkbox"/> Franklin Morris Academy           |
| <input type="checkbox"/> Chandler School for Women | <input type="checkbox"/> Philadelphia School of Technology |
| <input type="checkbox"/> Bradford School           |  |

Are you currently enrolled? YES \_\_\_ NO \_\_\_ Did you graduate? YES \_\_\_ NO \_\_\_  
Program/Major while attending school \_\_\_\_\_  
Dates of attendance (month/year) \_\_\_\_\_ to \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Number of Transcripts Requested: \_\_\_\_  
 Fax/email unofficial transcript free of charge to: \_\_\_\_\_  
 Hold request for current semester grades  
 I will PICK UP my transcript(s).  
 Please MAIL to: (Please print clearly. Use back of form if needed)

_____ College or Organization	_____ College or Organization
_____ Contact Name	_____ Contact Name
_____ Street Address	_____ Street Address
_____ City State Zip	_____ City State Zip

Payment Method:

- Check or Money Order payable to: Bay State College
- Cash
- Credit Card [www.baystate.edu/financial-aid/make-a-payment](http://www.baystate.edu/financial-aid/make-a-payment)

OFFICE USE ONLY  
Amount Received: \$ \_\_\_\_  
Date Received:  
Date Released:  
Initial: