



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

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: _____
<input type="checkbox"/> Fax/email unofficial transcript free of charge to: _____
<input type="checkbox"/> Hold request for current semester grades
<input type="checkbox"/> I will PICK UP my transcript(s).
<input type="checkbox"/> 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

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