

Elms College

Registrar's Office
291 Springfield Street, Chicopee, MA 01013
Fax: 413-594-5605

TRANSCRIPT REQUEST FORM

Please allow **3 to 5 working days** for processing.

Transcripts will not be issued during the weeks of registration or commencement.
All indebtedness to the college must be reconciled before a transcript will be released.
Processed transcripts for Pick Up will be retained for a maximum of 30 days. Plan accordingly.

Print YOUR name and address plainly in space below:

DATE: _____

NAME: _____
Last First MI

MAIDEN: _____

ADDRESS: _____

PHONE: _____

Year of Graduation _____

SS #: _____ Signature: _____

Please Check: _____ Official / Sealed Envelope _____ Student Pick Up
_____ Student Copy _____ Mail

Do you wish to hold for Final Grades? _____ Date received _____ Initials _____

Forward to: _____
Name (of Institution)

Transcript Fee - \$3.00
No. of Transcript(s) Requested: _____

_____ Department / Title

For Office Use Only:

_____ Street Address

Paid _____

_____ City State Zip

Date Processed: _____

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