



# 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.*

## Registrar's Office

291 Springfield Street, Chicopee, MA 01013

Phone: 413-265-2314 Fax: 413-594-5605

Print your name and address plainly in space below:

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

MAIDEN: \_\_\_\_\_

Last

First

MI

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Year of Graduation/Last Attended \_\_\_\_\_

SS# (Last 4): \_\_\_\_\_ DOB: \_\_\_\_\_ Signature: \_\_\_\_\_

### Please Check:

College:  Elms College  
 College of St. Joseph

Type:  Official/Sealed  
 Student / Unofficial

### Delivery Method:

Student Pick Up  
 Standard Mail  
 Rush Delivery (Extra Fee \$)

### Hold Until (Y/N):

Grades are Posted? \_\_\_\_\_ Degree Awarded? \_\_\_\_\_

### Transcript Fee - \$5.00 per copy

No. of Transcript(s) Requested: \_\_\_\_\_

Mail to: \_\_\_\_\_

Name (of Institution)

Department / Title

Street Address

City

State

Zip

### For Office Use Only:

Date Received: \_\_\_\_\_

Paid \$: \_\_\_\_\_ Method: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Init.: \_\_\_\_\_

Student Initials for Pick Up: \_\_\_\_\_