Cambridge College

Request for Official Transcript of Credits

To the applicant: please complete ALL information below.
Then submit this form to the institution providing your transcript.

Last name _____ First name _____ Middle initial _____

To the Registrar or Guidance Officer of:
(Name of high school or college)

Please mail a SEALED, OFFICIAL COPY of my academic transcript to Cambridge College

(Please inform me if you cannot release my transcript.)

Date _____ Former name if applicable _____

Address _____ Apt. no. _____

City _____ State _____ Zip _____

SSN (optional) ☐☐☐-☐☐-☐☐☐☐ Date of birth (MM-DD-YY) ☐☐-☐☐-☐☐

Date of graduation or years in attendance _____ Degree received _____

Major _____

To the Applicant: Please complete this information BEFORE giving to the institution providing your transcript.

Please mail official transcript to:
Your admissions counselor's name _____

Mailing address of the Cambridge College location you plan to attend (please see page 8) _____

Signature _____

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