



Cambridge College
Office of the Registrar

Transcript Request Form

Cambridge College - 1000 Massachusetts Avenue - Cambridge, MA 02138 - (800) 877-4723

(617) 873-0101

Fax - (617) 349-3560

www.cambridgecollege.edu

Please print and complete form

Student ID# _____
US SS# ____/____/____

Student Request

Name _____ Former Name _____
First/ MI/ Last

Contact Telephone (____) ____ - ____ Home/ Cellular Graduated Yes YR ____ No YR ____
(____) ____ - ____ Work Ext. ____ Dates of Enrollment: From ____ To ____

Transcripts cannot be processed if student has an Admissions or Business hold

Signature _____ Date ____/____/____

Transcript Retrieval Information

IF YOU HAVE MORE THAN ONE DEGREE FROM CAMBRIDGE COLLEGE, PLEASE INDICATE WHICH TRANSCRIPTS YOU WANT. EACH DEGREE REQUIRES A SEPARATE TRANSCRIPT.

Type of Transcript: BA M.Ed. CAGS MM Special Student Ed. D

\$ 5.00/ each Official Transcript to be forwarded to:

____ # of copies

1. _____

____ # Of copies

2. _____

\$ 2.00/ each Unofficial Transcript to be forwarded

____ # of copies

1. _____

____ # Of copies

2. _____

In order to initiate your transcript you must complete the following method of payment:

VISA MASTER Card Credit# _____ / _____ / _____ / _____ Exp. Date ____/____

Cash Check/ Money Order Payable to Cambridge College

Business Clearance _____
Balance Due \$ _____
Refund Due \$ _____