



Registrar's Office
 Cambridge College
 500 Rutherford Avenue
 Boston, MA 02129
 Phone: 617.873.0101
 Fax: 617-242-0026
 registrar@cambridgecollege.edu

Request to Inspect and Review Education Records

Student ID# _____

Your Cambridge College Location

- Boston
- Lawrence
- Springfield
- Puerto Rico
- Southern California
- NEIB
- Other _____

Student contact information

PLEASE PRINT CLEARLY and COMPLETE ALL INFORMATION

Last name _____ First name _____ Middle name _____

Current Residence:

Address _____ Apt _____ Phone _____

City _____ State _____ Zip _____

Preferred method of delivery

- email** Please supply your Cambridge College e-mail _____
- U.S. mail** to your residence address above
- fax** Please supply your fax number _____
- in person**

Please specify which of your student records you wish to inspect:

Signature

on paper printout or electronic* _____

Date _____

***Please see electronic signature options on the Registrar's web page.**

Submit completed and signed form to:



Registrar's Office
 Cambridge College
 500 Rutherford Avenue
 Boston, MA 02129

Or email to: registrar@cambridgecollege.edu

Or fax to: 617.242.0026

Registrar's Office use only

Record custodian _____

Location of record _____

Request received (date) _____

Date available _____

Custodian signature _____