

After completing form submit it to:


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

Or email to: registrar@cambridgecollege.edu
Or fax to: 617.242.0026

Transcript Request

Processing time is 7-10 business days.
Transcripts will be mailed
by standard USPS service only.

Your Cambridge College Location

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Boston | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Lawrence | <input type="checkbox"/> Southern California |
| <input type="checkbox"/> Springfield | <input type="checkbox"/> NEIB |
| | <input type="checkbox"/> Other _____ |

Student Information PLEASE PRINT CLEARLY and COMPLETE ALL INFORMATION **TRANSCRIPTS CANNOT BE EMAILED OR FAXED**

Last name _____ First name _____ Middle name _____

Dates of Enrollment from _____ to _____ Former name _____

Graduated? No Yes Year: _____ Phone home cell _____

Email address _____

Requests for official transcripts cannot be processed if student has a financial hold.

Transcript Retrieval Information

If you have more than one degree from Cambridge College, **please indicate which transcript(s) you would like.** Each degree requires a separate transcript.

	How many official transcripts @\$5 each	How many unofficial transcripts @\$2 each
Associate of Science		
Bachelor of Science		
Bachelor of Arts		
Master of Science		
Master of Education		
Master of Business Administration		
Master of Management		
Certificate of Advanced Graduate Studies		
Doctor of Education		
Doctor of Business Administration		
Doctor of Philosophy		
Certificate		
Non-matriculated student		

Optional
 Hold for term grades Hold for graduation date

Send OFFICIAL transcript to ADDRESS:

number of copies _____ to be mailed to:

Name _____

Street _____

City _____ State _____ Zip _____

number of copies _____ to be mailed to:

Name _____

Street _____

City _____ State _____ Zip _____

number of copies _____ to be mailed to:

Name _____

Street _____

City _____ State _____ Zip _____

Send UNOFFICIAL transcript to ADDRESS:

number of copies _____ to be mailed to:

Name _____

Street _____

City _____ State _____ Zip _____

Payment
 Credit card e-check

Credit card and e-check payments must be made online via the link below. We cannot take payment over the phone.

<https://cambridgecollege.afford.com/PPT/MakeAPayment>

(If the link doesn't bring you directly to the transcript ordering portal, select "Transcript Request Payment Portal" from the "Make a One-Time Payment" dropdown, then click the blue "Make a One-Time Payment" rectangle.)

IMPORTANT:

Please include your confirmation number: _____

Signature

on paper printout or electronic* _____

Date _____

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

Business Clearance	Balance Due \$	Refund Due \$
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