

## Registrar's Office Cambridge College 500 Rutherford Avenue Boston, MA 02129 Phone: 617.873.0101 Fax: 617.242.0026 registrar@cambridgecollege.edu

## **Transcript Request**

Processing time is 7-10 business days. Transcripts will be mailed by standard USPS service only. Student ID#\_\_\_

## Your Cambridge College Location

 Boston
 Puerto Rico

 Lawrence
 Southern California

 Springfield
 Other\_\_\_\_\_

## Student Information PLEASE PRINT CLEARLY and COMPLETE ALL INFORMATION

Last name		First name	Middle name	
Dates of				
Enrollment from		to	Former name	
Graduated? 🗌 No 🔄 Yes Year:			Phone home cell ()	
Requests for offici student has a final		ot be processed if	Work Phone / ext. ()	
Transcript Retrieval Information If you have more than one degree from Cambridge College, <i>please indicate which transcript(s) you would like</i> .			Send OFFICIAL transcript to ADDRESS: number of copies to be mailed to:	
Each degree requires a separate transcript. How many How many			Name	
	<i>official</i> transcripts @\$5 each	<i>unofficial</i> transcripts @\$2 each	Street	
Bachelor's degree				
Master of Education Master of Business Administration			City State Zip	
Master of Management				
Certificate of Advanced Graduate Studies			number of copies to be mailed to:	
Doctor of Education			Name	
Certificate			Ctroot	
Non-matriculated student			Street	
Optional				
Hold for term grades Hold for graduation date		on date	City State Zip	
Payment			number of copies to be mailed to:	
Credit card e-check			Name	
Credit card and e-check payments must be made online via the link				
below. We cannot take pay	ment over the phone		Street	
https://cambridgecollege.a	afford.com/PPT/Mak	reAPayment		
(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.)		he "Make a One-Time	City State Zip	
			Send UNOFFICIAL transcript to ADDRESS:	
IMPORTANT.			number of copies to be mailed to:	
IMPORTANT:           Please include your confirmation number:			Name	
Signature			Street	
2				
on paper printout			City State Zip	

Date \_