



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 (formerly Cambridge)

Lawrence Puerto Rico

Springfield Southern California

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 (_____)

Work Phone / ext. (_____) _____

Transcripts cannot be processed if student has an admissions or business 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
Bachelor's degree		
Master of Education		
Master of Business Administration		
Master of Management		
Certificate of Advanced Graduate Studies		
Doctor of Education		
Certificate		
Non-matriculated student		

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

By signing this form, I agree for Cambridge College to charge the credit card below for the cost of the transcript(s) requested. (regular processing/USPO mailing only).

VISA MASTERCARD Cash

Check/Money Order enclosed - payable to Cambridge College

Credit card number _____

Expiration date (mm/yy) ____/____ Security code _____

Signature

on paper
 printout _____

Date _____

Business Clearance	Balance Due \$	Refund Due \$
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