

After completing form, email it to:



registrar@cambridgecollege.edu

Or submit to: Registrar's Office

Cambridge College 500 Rutherford Avenue Boston, MA 02129

Student Information PLEASE PRINT CLEARLY and COMPLETE ALL INFORMATION

Or fax to: 617.242.0026

Last name _____

Unofficial Transcript Request

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

First name_____

Student ID#

Your Cambridge College Location

Boston Lawrence Springfield

TRANSCRIPTS CANNOT BE EMAILED OR FAXED

Middle name _____

Puerto Rico Southern California

NEIB Other___

Dates of Enrollment from	to	Former name	
Graduated? No Yes Year:		Phone home cell	
Requests for official transci if student has a financial ho		Email address	
Transcript Retrieval Information		Optional	
If you have more than one degree from Cambridge College,		Hold for term grades Hold for graduation date	
please indicate which transcript(s) Each degree requires a separate transcript			
	How many unofficial transcripts @\$2 each	Send UNOFFICIAL transcript to ADDRESS:	
Associate of Science		number of copies to be mailed to:	
Bachelor of Science		Name	
Bachelor of Arts		Street	
Master of Science			
Master of Education			
Master of Business Administration		City State Zip	
Master of Management			
Certificate of Advanced Graduate Stud	lies		
Doctor of Education		Payment	
Doctor of Business Administration		Credit card e-check	
Doctor of Philosophy		Credit card and e-check payments must be made online via the link below.	
Certificate		We cannot take payment over the phone.	
Non-matriculated student		https://payit.nelnet.net/form/PsRy1aYA	
Signature		IMPORTANT:	
on paper printout or electronic*		Please include your customer number or a screen shot of your confirmation email:	

Business Clearance	Balance Due \$	Refund Due \$

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