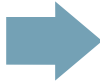


**Your Cambridge College Location**

Boston	Puerto Rico
Lawrence	Southern California
Springfield	NEIB
	Other _____

**After completing form, email it to:**

**registrar@cambridgecollege.edu**

**Or submit to:** Registrar's Office  
 Cambridge College  
 500 Rutherford Avenue  
 Boston, MA 02129

**Or fax to:** 617.242.0026

# Unofficial Transcript Request

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

**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 \_\_\_\_\_

**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 <b>unofficial</b> 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 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://payit.nelnet.net/form/PsRy1aYA>
**IMPORTANT:**

Please include your customer number or a screen shot of your confirmation email: \_\_\_\_\_

**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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