



Boston Baptist College, Office of the Registrar, 950 Metropolitan Avenue, Boston, MA 02136  
 Tel 617.364.3510 x 235 Fax 617.344.8421 www.Boston.edu

## TRANSCRIPT REQUEST FORM

Student's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Degree Earned (if applicable): \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Method of obtaining transcripts:  Pick Up  Send out (if sending out, fill in information below)

### OFFICIAL TRANSCRIPT: (fill out one form per address)

Recipient Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

### UNOFFICIAL TRANSCRIPT:

Recipient Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

OR Fax/Email Address: \_\_\_\_\_

### PAYMENT INFORMATION

TYPE OF REQUEST	FEE	PROCESSING TIME	# OF COPIES
Official Transcript	\$10.00	1-5 business days	
Unofficial Transcript	No Fee	Mailed, faxed, emailed within 5 business days	
Method of Payment	Cash, Check ( <i>Make checks payable to Boston Baptist College</i> ), or credit card via PayPal ( <a href="http://www.boston.edu/resources/sendpayment">http://www.boston.edu/resources/sendpayment</a> ) *a PayPal account is not required		

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:** Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit/Debit Card \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_