

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

**Student Information** 

Business Clearance

Balance Due \$

Refund Due \$

## Unofficial Transcript Request

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

PLEASE PRINT CLEARLY and COMPLETE ALL INFORMATION

Student ID#	

## Your Cambridge College Location

Boston Lawrence Springfield

TRANSCRIPTS CANNOT BE EMAILED OR FAXED

Puerto Rico Southern California

CC Global Other\_\_\_\_

Last name	First name	Middle name
Dates of Enrollment from	to	Former name
Graduated? No Yes Year:		Phone home cell
Requests for official transcript if student has a financial hold.	s cannot be processed	Email address
Transcript Retrieval Information If you have more than one degree from Caplease indicate which transcript(s) you Each degree requires a separate transcrip	ambridge College, <b>u would like</b> .	Optional Hold for term grades Hold for graduation date
	How many unofficial transcripts	Send UNOFFICIAL transcript to ADDRESS:
Associate of Science		number of copies to be mailed to:
Bachelor of Science		
Bachelor of Arts		Name
Master of Science		Street
Master of Education		
Master of Business Administration		011
Master of Management		City State Zip
Certificate of Advanced Graduate Studies		
Doctor of Education		
Doctor of Business Administration		
Doctor of Philosophy		
Certificate		
Non-matriculated student		
<b>Signature</b> on paper printout or electronic*		
on paper printout or electronic		
Date		
*Please see electronic signature optio	ns on the Registrar's web page	