

TRANSCRIPT REQUEST FORM

V
For Office Use Only
Amount Paid: \$ Staff Initials:

Brockton CampusAdministration Building, A240
One Massasoit Boulevard
Brockton, MA 02302

Canton Campus Enrollment Center 900 Randolph Street Canton, MA 02021 Middleborough Center
Main Office

49 Union Street Middleborough, MA 02346 www.massasoit.edu

registrar@massasoit.mass.edu fax: 508-427-1236

E-transcripts and online ordering now available!

For fastest transcript processing, visit massasoit.edu/transcripts to order online. Valid credit or debit card required for online ordering.

Student ID or Last	4 digits of SSN		Birth Date				
Last Name		First Name					Middle Initial
Other Name (under v	which records may appear)						
Address			City		State	_ ZIP _	
					to		
Check One			Check One			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
Process immediat	tely		☐ Hold for pick-up				
Process after grad	les for the following sen	nester are posted:	☐ Brockton	Canton	Middleborough		
☐ Fall	☐ Winter Session	□ Spring	☐ Mail to student				
☐ Summer I	☐ Summer II		☐ Mail to address(es)	listed below			
Process after grad	luation is posted						
Send transcript(s)				••••••		• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
Please fill in complete	e address(es) below, ind	icating the number of cop	ies desired. Please designate a	specific office if se	ending to a school.		
1			3.				
#			#				
2.			4.				
#			#				
				-			
Student signatur	e:				Date:		
	Transcripts will not	be issued for any stude	nt who has overdue financ	ial obligations to	Massasoit Community	College.	
			Transcript Payme	nt			
	Transcri		or in person are \$3 each and	•			
			by mail are free and processed		•		
. ,	able to Massasoit Comm	unity College)			ID nun	nber:	
Cash/money orde		7	Amount paid: \$				
☐ Credit card: ☐ `	Visa 🗖 MasterCard 🕻	→ Discover					
Account number:			Expiration	date: Month:	Year:		