



Office of the Registrar

TRANSCRIPT REQUEST FORM

V

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

Brockton Campus
Administration Building, A240
One Massasoit Boulevard
Brockton, MA 02302

Canton Campus
Enrollment Center
900 Randolph Street
Canton, MA 02021

Middleborough Center
Director's Office
49 Union Street
Middleborough, MA 02346

Submit completed form securely at:
massasoit.edu/registrar-forms
fax: 781-401-9804

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 which records may appear)
Address City State Zip
Phone Home Cell
Approximate Years Attended to

Check One
Process immediately
Process after grades for the following semester are posted:
Fall Summer I
Spring Summer II
Process after graduation is posted
Winter Session
Check One
Hold for pick-up
Brockton Canton Middleborough
Mail to student
Mail to address(es) listed below

Send transcript(s) to:
Please fill in complete address(es) below, indicating the number of copies desired. Please designate a specific office if sending to a school.
1. #
2. #
3. #
4. #

Student signature: Date:

Transcripts will not be issued for any student who has overdue financial obligations to Massasoit Community College.

Transcript Payment

Transcripts received by email, fax, or in person are \$3 each and are processed within 2-3 business days;
transcripts received by mail are free and processed within 5-7 business days.

Check (made payable to Massasoit Community College) Student name: ID number:
Cash/money order Amount paid: \$
Credit card: Visa MasterCard Discover
Account number: Expiration date: Month: Year: CWV Code:

Name on card: Signature of card holder: