



OFFICIAL TRANSCRIPT REQUEST FORM

Complete form and return: via mail: Urban College, 178 Tremont Street, Boston, MA 02111 **OR**
 via email: Scan and email to enrollment@urbancollege.edu **OR**
 via fax: 617-423-4758 **OR**
 in person: Monday-Friday, 10:00am - 7:00pm

STEP 1: PERSONAL INFORMATION:

Last Name: _____ First Name: _____ Middle: _____

Date of Birth:

Phone: _____

Email: _____

*Signature: _____

Date: _____

*FEDERAL LAW REQUIRES A SIGNATURE IN ORDER TO RELEASE YOUR TRANSCRIPT

STEP 2: CHECK ALL THAT APPLY

*I wish to pick up my
transcript in person*

Number of Copies Requested: _____

Mail to:

Number of Copies Requested: _____

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

STEP 3: PAYMENT

Your first transcript is free; after that, there is a \$2.00 fee per transcript. Make check payable to Urban College for amount due. Cash is acceptable if submitting form in person. You may pay by credit card over the phone, in person, or by providing your information below:

Type: Visa Mastercard Amex Discover

Card Number: _____

Exp. Date: _____

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OFFICIAL USE ONLY

Paid Y/N: _____

Type: _____

Cash

Check

Credit

Date received: _____

Date mailed/picked up: _____