OFFICIAL TRANSCRIPT REQUEST FORM

Complete form and return:	via mail:	Urban College, 2 Boylston Street, 2nd Floor, Boston, MA 02116 **OR**
	via email:	Scan and email to enrollment@urbancollege.edu **OR**
	via fax:	617-603-9919 **OR**
	in person:	Monday-Friday, 10:00am -6:00pm

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**

PLEASE NOTE: ALL TRANSCRIPT REQUESTS TAKE 24-48 HOURS TO PROCESS. NO EXCEPTIONS.

STEP 2: CHECK ALL THAT APPLY

I wish to pick up transcript in person: ☐ Number of Copies Requested: _____

I wish to get my transcript mailed: ☐ Number of Copies Requested: _____

Address where transcript(s) should be mailed [**PLEASE PRINT**]:

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: _____

CV Code: _____ Billing Zip Code: _____

OFFICIAL USE ONLY

Paid Y/N: _____Type: ◯ Cash ◯ Check ◯ Credit

Date received: _____ Date mailed/picked up: _____