

# Transcript Request Forms

To Applicant: Copy this form as needed.

To Registrar \_\_\_\_\_

COLLEGE OR UNIVERSITY

Please attach this form to the transcript requested and send to the student at the address listed below in the envelope provided by the student. The student will then forward your sealed envelope to our office in a larger application envelope.

Transcript of \_\_\_\_\_ U.S. Social Security Number \_\_\_\_\_  
LAST (FAMILY) NAME FIRST NAME

Years attended \_\_\_\_\_ to \_\_\_\_\_ Degree received \_\_\_\_\_ Date received \_\_\_\_\_  
BEGIN DATE END DATE MONTH / YEAR

Current name and address \_\_\_\_\_

Applying to \_\_\_\_\_

PROPOSED DEPARTMENT AND DEGREE/CERTIFICATE PROGRAM

Graduate and Professional Studies  
Tufts University, Ballou Hall  
Medford, Massachusetts 02155

Please check if the name on your transcript records represents a former or maiden name.

Requester's signature \_\_\_\_\_



To Registrar \_\_\_\_\_

COLLEGE OR UNIVERSITY

Please attach this form to the transcript requested and send to the student at the address listed below in the envelope provided by the student. The student will then forward your sealed envelope to our office in a larger application envelope.

Transcript of \_\_\_\_\_ U.S. Social Security Number \_\_\_\_\_  
LAST (FAMILY) NAME FIRST NAME

Years attended \_\_\_\_\_ to \_\_\_\_\_ Degree received \_\_\_\_\_ Date received \_\_\_\_\_  
BEGIN DATE END DATE MONTH / YEAR

Current name and address \_\_\_\_\_

Applying to \_\_\_\_\_

PROPOSED DEPARTMENT AND DEGREE/CERTIFICATE PROGRAM

Graduate and Professional Studies  
Tufts University, Ballou Hall  
Medford, Massachusetts 02155

Please check if the name on your transcript records represents a former or maiden name.

Requester's signature \_\_\_\_\_