

TRANSCRIPT REQUEST

OFFICE OF THE REGISTRAR
AMHERST COLLEGE
AMHERST, MASSACHUSETTS 01002-5000

If this transcript is being issued to you, even if you are sending it to another address, please put ONLY your name below. If it is being mailed directly to a person, institution, or firm then please type the *name and full address*.
To:

Please type *your own name* and address below. If you are currently on campus, use your post office box number.

Name:
Class:
Student ID Number:
Box Number or Address:

Note in the box the number of transcripts to be sent to the above address:

Check any of the following, if applicable:

- a) Delay transcript to include current semester grades.
- b) If more than one, send each in a separate envelope.
- c) If this is being issued to yourself, should be in a sealed security envelope.
- d) I want to pick up this transcript.
- e) Please e-mail me when the transcript is ready for pickup.

Federal law requires that all transcript requests include the student's signature.

Student's Signature

Date

NOTE: Many educational institutions and business concerns will accept transcripts only if they are sent directly from the college. Partial or unofficial transcripts are not issued. Each transcript must be requested; none is sent automatically. PLEASE NOTE: Amherst College no longer charges a fee for transcripts.

Office Use ONLY:

Date Completed _____ Processed by _____