

TRANSCRIPT REQUEST FORM

THE SOLUTION CENTER
Financial Aid | Registrar | Student Financial Services
220 PAWTUCKET STREET, SUITE 131
LOWELL, MA 01854-5141

Phone: 978-934-2000

STUDENT INFORMATION

Current Last Name First Name M.I.

Former name if (applicable)

Student ID# or SS# Date of Birth

E-mail Phone Number

Approximate Dates of Attendance at UMass Lowell

If Graduate of UMass Lowell, List Dates

Current Mailing Address:

Street City State Zip

TRANSCRIPT INFORMATION

Select one: Official (Sealed) Transcript Unofficial Transcript

Number of Official Transcripts Official transcript(s) will be picked up

Mail Transcript(s) to: *****actual mailing time can take up to two weeks to reach the destination*****

Name

Address 1

Address 2

City State Zip Code Country

Student Signature Required

Date of Request

Required:

Please attach an official ID
(Student ID, State ID, License, or Passport).

For Office Use Only:

Doc Type: Transcript Request

Processor Name

Date

Effective Term

Imager Name

Date

Verifier Name