

UMASS LOWELL – TRANSCRIPT REQUEST FORM

PLEASE NOTE THAT THERE ARE NO FEES FOR TRANSCRIPTS

Date _____

SS# / Student ID # :	Telephone #	# Official (Sealed) Transcripts :
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Name
 Last _____ First _____ M.I. _____ | _____
 Other names by which you are known

Street & Number _____ City _____ State _____ Zip Code _____

FORWARD TRANSCRIPT TO:

Signature _____
Are You Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hold for <input type="checkbox"/> Grades <input type="checkbox"/> Degree

Dates of Attendance At UMass Lowell	If Graduate of UMass Lowell, List Date	Date Transcript(s) Forwarded
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NOTE: Please fax the completed form to: (978) 934-4076
 or mail to: University of Massachusetts Lowell, Registrar's Office, Dugan Hall, Room 101, 883 Broadway Street, Lowell, MA 01854