

UMASS LOWELL – TRANSCRIPT REQUEST FORM	
(Note: there are no fees for transcripts)	
Date _____	
SS# / Student ID # : _____	Phone #: _____ # Official (Sealed) Transcripts : _____
Name	
Last _____ First _____ M.I. _____	Other names by which you are known _____
Street & Number _____	City _____ State _____ Zip Code _____
FORWARD TRANSCRIPT TO:	
_____	Dates of Attendance at UMass Lowell _____
_____	If Graduate of UMass Lowell, List Date _____
_____	Date Transcript(s) Forwarded _____
Signature: _____	

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