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
fax: 978-934-2041

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
Number of Official (Sealed) Transcripts ___________________________

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 Form

Processor Name: ___________________________
Imager Name: ___________________________
Effective Term: ___________________________

Date: ___________________________
Date: ___________________________
Verifier 1 Name: ___________________________
Verifier 2 Name: ___________________________

Rev. 09/14/18