



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: