

**WESTFIELD STATE UNIVERSITY
OFFICE OF THE REGISTRAR**

Transcript Request

Student Information

Last Name:	First Name:	Middle Initial:
Any/All Previous Names:		Student ID or Last four #'s of SSN:
Street Address: <input type="checkbox"/> New Address		
City/State/Zip		Phone Number:
Attendance: (Check one) <input type="checkbox"/> Last Attended/Graduated _____ (Date) <input type="checkbox"/> Currently Enrolled Student	Division: (Check all that apply) <input type="checkbox"/> Day Division <input type="checkbox"/> Continuing Education Student <input type="checkbox"/> Graduate Student	
Signature of Student		Date:

Mailing/Request Information (ONE REQUEST PER MAILING ADDRESS)

Send Transcript to: <input type="checkbox"/> Self or fill out below	I would like _____ copies
Name/College:	
Street Address:	
City/State/Zip	
Processing check one:	
<input type="checkbox"/> Expedited Processing (\$5.00 each)	<input type="checkbox"/> Normal Processing (2-4 business days \$2.00 each)
<input type="checkbox"/> Hold for semester's grades (\$2.00 each)	<input type="checkbox"/> Hold for degree posting (\$2.00 each)
<input type="checkbox"/> Hold for pick-up (\$2.00 or \$5.00 each)	

Mail Request **AND** Payment to:

Day Division Student	Continuing Education/Graduate Students
Westfield State University Office of the Registrar – Transcripts P.O. Box 1630 577 Western Avenue Westfield, MA 01086-1630	Westfield State University Graduate – Transcripts P.O. Box 1630 577 Western Avenue Westfield, MA 01086-1630
OFFICE USE ONLY: <input type="checkbox"/> CHECK <input type="checkbox"/> CASH AMOUNT \$ _____ <i>We do not accept debit or credit cards</i>	