

Transcript Request Form

Quinsigamond Community College
Office of the Registrar
670 West Boylston Street
Worcester, MA 01606-2092

Your Name: _____ ID# or SSN# : _____

Address: _____ Telephone #: _____

City/State/Zip: _____

Send Transcript To: _____

City State Zip Code

PLEASE PRINT CLEARLY – THIS FORM WILL BE ISSUED FOR MAILING PURPOSES

PLEASE READ:

1. Allow 3 work days for processing; during peak periods 7 days.
2. All financial obligations must be reconciled before transcripts are released.
3. A fee of \$5.00 is charged for each copy.
4. Use a separate form for each different mail address to which you are forwarding transcripts.
5. Transcripts released or sent to students will be stamped "Issued to Student."

☐ Please send my transcript immediately - OR -

☐ Please hold my request until:

☐ My current term grades are posted - and/or -

☐ My degree or certificate is posted

☐ Mass Transfer Block Eligible (defined on Transfer Services Page on The Q)

I Attended Quinsigamond Community College: From ____/____/____ To ____/____/____
(Estimate if needed)

Number of Copies : _____

Former Name(s) : _____

Your Signature : _____

Date ____/____/____