

**Tufts University School of Medicine  
Public Health and Professional Degree Programs**

**Transcript Request**

Please use this form to request an official transcript from the Student Services Office for the degrees administered by the Public Health and Professional Degree Programs. **Attention Medical Students (including MD/MPH and MD/MBA) and Alumni:** please contact the Medical Registrar's Office at 617.636.6568 about how to request a copy of your transcript(s).

If you attended multiple schools or programs with Tufts University you should request a transcript from the last school or program attended. This transcript will contain your academic record for all schools/programs attended within Tufts.

*Please mail your request to:*  
Public Health & Professional Degree Programs  
Registrar's Office  
136 Harrison Avenue, Suite 142  
Boston, MA 02111

Your request will be processed within ten business days from receipt of form and payment. **There is a \$5.00 fee for each transcript ordered. Please make checks payable to Trustees of Tufts College.**

\_\_\_\_\_  
Last Name                                      First Name                                      M.I.                                      Student ID # (if known)

Former Name, if any, during enrollment: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Degree Awarded: \_\_\_\_\_

If you attended another school/program within Tufts (other than PHPD) and would like a copy of that transcript printed with your transcript from PHPD, please indicate the school(s) attended. There is no additional transcript fee.

(Arts & Sciences, Vet, etc): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Number of copies requested: \_\_\_\_\_

Please send transcripts to: Home address above  Address listed below  Multiple addresses on attached list

If current student, please select one:  Prepare now  Hold for current semester grades  Hold for degree conferral

Name/School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_