



Unofficial Transcript Request Form

Your Name: _____ ID# or SSN# : _____

Former Name(s) _____

Address: _____ Telephone #: _____

City/State/Zip: _____ Date of Birth: _____

Is this your permanent address?* Yes _____ No _____

*If your permanent address is different in Quinsigamond's records we will update your address to the above

Send Transcript To:

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

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

Number of Copies Requesting: _____

- 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

IMPORTANT INFORMATION:

1. Allow 3 work days for processing; during peak periods 7 days.
2. Send request to QCC Registrar's Office
 - Via fax: 508.854.4456 or
 - via email: gccreg@qcc.mass.edu
3. Use a separate form for each different address to which you are forwarding transcripts.

Your Signature : _____

Date ___/___/___