



**TUFTS UNIVERSITY**

ARTS & SCIENCES

STUDENT SERVICE CENTER

Dowling Hall

Medford, MA 02155

**REQUEST FOR TRANSCRIPT  
OF ACADEMIC RECORD**

COLLEGE OR SCHOOL ATTENDED AT TUFTS	DATES FROM TO	

**HOLD** for pickup \_\_\_\_\_ YES \_\_\_\_\_ NO  
OR  
UNTIL (CIRCLE ONE)  
FALL SUMMER 1 SEMESTER GRADES  
SPRING SUMMER 2 HAVE BEEN RECORDED

**STUDENT MUST ALWAYS COMPLETE BELOW  
PRINT NAME, LOCAL ADDRESS AND PHONE**

FIRST NAME MI LAST

LOCAL ADDRESS

CITY STATE ZIP  
( )

AREA CODE PHONE NUMBER

I.D. NUMBER TODAY'S DATE

FORMER NAME

I, \_\_\_\_\_  
(STUDENT SIGNATURE)  
AUTHORIZE TUFTS UNIVERSITY TO RELEASE TO THOSE  
DESIGNATED HEREON MY COMPLETE ACADEMIC RECORD  
WHILE AT TUFTS UNIVERSITY.

**TRANSCRIPT FEE: \$3.00 PER COPY  
INCLUDES POSTAGE AND HANDLING**

RECEIVED

MAKE CHECK PAYABLE TO  
TRUSTEES OF TUFTS COLLEGE

**OFFICE USE ONLY**

DATE MAILED: \_\_\_\_\_

INITIALS: \_\_\_\_\_

NOTES: \_\_\_\_\_

CHARGE	\$		TOTAL NO. COPIES
RECEIVED	\$	CHECK CASH	
BALANCE DUE	\$	AMOUNT REFUNDED	

**IF YOU WISH ONE OF THE TRANSCRIPTS MAILED DIRECTLY TO YOU PLEASE FILL IN YOUR NAME AND ADDRESS UNDER ONE OF THE INSTITUTIONS. PLEASE MARK THE NUMBER OF COPIES YOU WISH SENT TO EACH INSTITUTION.**

NUMBER OF COPIES: INSTITUTION #1   
INSTITUTION #2

INSTITUTION #3   
INSTITUTION #4

**INSTITUTION/ADDRESS #1**  
PRINT BELOW THE PERSON YOU WISH TO RECEIVE YOUR  
TRANSCRIPT. INCLUDE THE DEPARTMENT, INSTITUTION,  
AND COMPLETE MAILING ADDRESS.

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**INSTITUTION/ADDRESS #2**  
PRINT BELOW THE PERSON YOU WISH TO RECEIVE YOUR  
TRANSCRIPT. INCLUDE THE DEPARTMENT, INSTITUTION,  
AND COMPLETE MAILING ADDRESS.

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**INSTITUTION/ADDRESS #3**  
PRINT BELOW THE PERSON YOU WISH TO RECEIVE YOUR  
TRANSCRIPT. INCLUDE THE DEPARTMENT, INSTITUTION,  
AND COMPLETE MAILING ADDRESS.

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**INSTITUTION/ADDRESS #4**  
PRINT BELOW THE PERSON YOU WISH TO RECEIVE YOUR  
TRANSCRIPT. INCLUDE THE DEPARTMENT, INSTITUTION,  
AND COMPLETE MAILING ADDRESS.

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