



Office of Student Records & Registrar  
352 Lafayette Street, Salem, MA 01970

# Transcript Request Form

Please allow **at least two weeks** for your request to be processed  
**Fee is \$5.00** per copy of entire transcript

SSC Student ID #: \_\_\_\_\_

SS#: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_

Maiden/other names used: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip code

Phone: \_\_\_\_\_ Alternate Phone (work, cell): \_\_\_\_\_

**Please check any of the programs that apply to your student records:**

Undergraduate: Day

Undergraduate: Evening

Graduate School

SSC Date of graduation \_\_\_\_\_

Last semester enrolled \_\_\_\_\_

Mail transcripts to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OR** \_\_\_\_\_

(Additional addresses can be listed on the reverse side.)

I will pick up my transcripts in two weeks (Note: if transcript is not picked up within 3 months, it will be destroyed and a new request and another fee must be submitted to obtain a transcript)

Process **after** my degree has been conferred?

YES

NO

**Total number of transcripts requested:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_