



FISHER COLLEGE

OFFICE OF THE REGISTRAR

Transcript Request Form

To obtain a transcript, you may submit this form to the Office of the Registrar in person, mail it to Registrar, Fisher College, 108 Beacon Street, Boston, MA 02116 or fax the request to (617) 236-8869. There is a \$10 fee per transcript for normal processing procedures, which take 3-5 business days. If you would like same day service the request must be received by 12 PM, and the fee is \$15. Please make checks payable to Fisher College. Please fill out the form completely.

Date: _____ Date of Birth: _____

Student Name: _____

Last Name When Attended (If Different): _____

Student ID #: _____

Current Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Daytime Phone #: _____

E-mail: _____

Locations Attended (City): _____

Student Attended: Days Weekends Evenings

Approximate Dates Attended: _____ - _____

Check One: Graduated Withdrew Current

Send when: As Soon As Possible

Hold For: Graduation Comments Grade Change Final Grades

Check One: Student will pick up _____ on (Date/Time) _____

Mail _____ copies to:

Transcript Address Destination _____

Student Signature: _____

Note: Individuals faxing a transcript request form must be prepared to pay using a credit card. In order to do so, the Registrar's Office needs the name on the credit card, number, expiration date & CVV code. This information can either be included on the faxed request or the Registrar's Office will call the number provided to obtain the required credit card information. Providing complete information expedites processing your order.

FOR OFFICE USE ONLY

Amount: _____

Circle One: Cash Check Credit Card

Date Sent: _____

Checked By: _____

Hold Flag: _____

Updated 9/11