



Official Transcript Request Form

Student 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

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

Send Transcript To: _____

- 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

- Mass Transfer Block eligible
- Full details can be found at <http://www.mass.edu/masstransfer/>

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

Number of Copies Requesting: _____

Important Information Regarding Processing & Payment

- 1) Allow 3 work days for processing; during peak periods 7 days.
- 2) All financial obligations must be reconciled before transcripts are released.
- 3) A fee of \$5.00 is charged for each copy. Transcripts will not be processed until payment has been made.
Send request and payment to:
 - a. QCC Payment Center, 670 West Boylston Street, Worcester, MA 01606-2092
OR choose one of the two below options and contact the payment center at 508.854.4560 to pay by phone
 - b. Fax the request to the Registrar's office @ 508.854.4456 **or**
 - c. Email the request to registrar's office at gccreg@qcc.mass.edu
- 4) Use a separate form for each different address to which you are forwarding transcripts.
- 5) Official transcripts released or mailed to students will be in a sealed envelope and stamped 'Issued to Student'

Student Signature: _____

Date ___/___/___