



TRANSCRIPT REQUEST FORM

REGISTRAR'S OFFICE
UMASS LOWELL
883 BROADWAY STREET
LOWELL, MA 01854

phone: 978-934-2550
fax: 978-934-4076
email: registrar@uml.edu

***Current students may use iSiS account for immediate next business day processing.**

STUDENT INFORMATION

Current Last Name First Name M.I.

Former name if (applicable)

Student ID# or SS# Date of Birth

E-mail Phone Number

Approximate Dates of Attendance at UMass Lowell

If Graduate of UMass Lowell, List Dates

Current Mailing Address:

Street City State Zip

TRANSCRIPT INFORMATION

Number of Official (Sealed) Transcripts

Transcript(s) will be picked up

Mail Transcript(s) to: *****actual mailing time can take up to two weeks to reach the destination*****

Name

Address 1

Address 2

City State Zip Code Country

Student Signature Required

Date of Request

NOTES:

- *If the form does not have a signature, it will not be processed.
- *There are no fees for transcripts. Maximum number of transcripts is 9.
- *Please fax the completed form to (978)934-4076 or mail to University of Massachusetts Lowell, Registrar's Office, Dugan Hall, Room 101, 883 Broadway Street, Lowell, MA 01854