

Office of the Registrar - Transcript Request Form

There is a \$5 fee per transcript (please make check payable to Bay Path College) \$6 fee per transcript if paying by credit card

Payment must be made prior to release of transcripts. No transcript will be released if financial obligations to the College have not been satisfied.

Send your request by mail to: Send your request by fax to:

Bay Path College Office of the Registrar 588 Longmeadow Street

Longmeadow, MA 01106

For questions call:

413.565.1108

Date ____

413.565.1223

Office Use Only Transcript Requests take five (5) business days to process Date Issued: _____ **YOUR INFORMATION** (Please type or print clearly) Social Security Number _____ Date of Birth _____ Current Name: Last _____ First ____ Middle _____ Former Names Current Address City _____ State ____ Zip Code _____ Preferred phone number: ______ E-mail _____ Student status: Currently enrolled ____ Alumni (graduate year) ____ Former student (dates of attendance) _____ INSTRUCTIONS FOR THIS REQUEST PURPOSE OF TRANSCRIPT Transcripts should be sent: Now ___ Hold for Final Grades ___ Scholarship ____ Employment ___ Graduate or professional school ____ **RECIPIENT INFORMATION** (Please type or print clearly) Please send number of copies official transcript (s) unofficial transcript (s) to me at the address above. Please send number of copies _____ official transcript (s) ____ unofficial transcript (s) to: State _____ Zip Code _____ If extra space is needed please attach a separate sheet **Credit Card Information: VISA** MASTERCARD Card Number _____ 3 Digit CVV Code _____ Expiration Date ____ Name on Credit Card **Your Signature (required to release your transcript)**