

MOUNT HOLYOKESM

Office of the Registrar Transcript Request Form

This form is only to be used if you are not an active student.

Instructions:

1. Complete one of these forms for each **address** to which you wish a transcript sent.
2. There is a prepaid charge of \$4.00 for each transcript. Checks or money orders are to be made to **Mount Holyoke College**.
3. The College reserves the right to not issue transcripts if the student's financial obligations to this College are not paid or are overdue.
4. Clearly print or type the information. This form will be used in a window envelope for mailing your transcript.

Note: Transcripts will be sent out in approximately 5 working days.

Name

Email: _____

Check Appropriate Boxes

- Not currently enrolled: last attendance _____
 Name used when attending MHC (if different from current)

Name on record

Recipient: (This goes in the window of envelope)

___ copies at \$4.00 each

Office of the Registrar Use Only:

Payment Received _____

Date Sent _____

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| |
| |
| |
| |

Signature _____
(authorizing issuance of transcript and certifying correctness of information)

Date _____

Upon completion of this document, please send your request and payment to:

Transcript Coordinator
Office of the Registrar
Mary Lyon Hall, Room 6
50 College Street
South Hadley, MA 01075

Please call (413) 538-2025 if there are any questions.