

# MOUNT HOLYOKE

## Office of the Registrar - Transcript Request Form

This form is for use by former students/alumnae. Current students, please make your requests via [my.mtholyoke.edu](http://my.mtholyoke.edu).

### Instructions:

1. Complete **one form for each address** to which you would like a transcript sent.
2. There is a charge of \$4.00 for each transcript requested, paid with cash, checks, or money orders only. Checks or money orders are to be made to **Mount Holyoke College** and must be in U.S. funds drawn on a U.S. bank.
3. **Clearly print or type** all information requested. A **physical signature** is required below.

**Note:** The College reserves the right to not issue transcripts if the student's financial obligations to the College are not paid or are overdue. Current phone number and email are requested below so that we may contact you if we are unable to process your request.

Transcripts are typically processed within two business days, but may take up to five business days during peak periods. Transcripts are sent via USPS First Class Mail unless a rush shipping label is purchased. See [www.mtholyoke.edu/registrar/transcripts](http://www.mtholyoke.edu/registrar/transcripts) for details.

Name: _____
Name used when attending MHC, if different: _____
Current phone: _____
Current email: _____
MHC class year or last term attended: _____

Number of copies of each selected transcript type for this recipient: \_\_\_\_\_ copies at \$4.00 each

Recipient name and physical mailing address:


### Transcript type requested (check one\*):

- Undergraduate [**UGOF**]  
(e.g. regular undergrad/Bachelor's degree, staff, foreign exchange, high school students)
- Non-matriculated [**NMOF**]  
(e.g. postbacc, summer or J-term courses through PaGE/Extension)
- Graduate [**GROF**] (Master's degree only)  
*\*If more than one is checked, enclose \$4 per copy of each type*

### Office of the Registrar use only:

Amount received: \_\_\_\_\_

Type:  Cash  Check  Money Order

Check No.: \_\_\_\_\_

Name on check: \_\_\_\_\_

Date processed: \_\_\_\_\_

Initials: \_\_\_\_\_

**Due to the College's COVID-19 procedures we are unable to offer pick-up/drop-off in person at this time. Please mail this form to the address below, and when received and processed, the transcript will be mailed to the address provided above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Physical signature is required to authorize issuance of transcript(s) and certify the correctness of the above information)

Please mail this completed request form and payment to:

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

Questions? Please call (413) 538-2025.

**If rush delivery is required, please call or email ([registrar@mtholyoke.edu](mailto:registrar@mtholyoke.edu)) for details about purchasing an express shipping label.**