

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 MyMountHolyoke.

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 for details.

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

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*

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

Recipient name and physical mailing address:

Office of the Registrar use only:

Amount received: _____

Type: Cash Check Money Order

Check no.: _____

Name on check: _____

Date processed: _____

Initials: _____

Check this box if the transcript will be **picked up in person at the Office of the Registrar**.

(Physical address is **required above**, even if this option is selected. A photo ID must be presented for pick up.)

Who will pick up? Select one: SELF OTHER (full name): _____

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) for details about purchasing an express shipping label.