

TRANSCRIPT REQUEST FORM

PLEASE ALLOW 7 TO 10 BUSINESS DAYS FOR PROCESSING

Please mail or hand deliver this request to:

Montserrat College of Art

Office of the Registrar

23 Essex Street

Beverly, MA 01915

***Please note there is a \$5 fee per transcript
Check payable to: Montserrat College of Art**

Today's Date: _____

Are you currently enrolled at Montserrat?

YES NO

Student's Name: _____

If No, provide graduation date or approx.

(while in attendance)

years of attendance: _____

Current Address: _____

Please check: Send transcript immediately

Send at the end of the semester

Phone Number: _____

E-mail Address: _____

*Signature (required to process): _____

***Note: Transcripts will not be released to any student whose financial obligations to the College have not been satisfied.**

SEND TRANSCRIPTS TO:

Name of Person/

Institution: _____

For office use only:

Address: _____

Date processed: _____

City, State Zip _____

Processed by: _____

Attention: _____

Payment \$_____ type: _____

Name of Person/

Institution: _____

Address: _____

City, State Zip _____

Attention: _____