Berkshire Community College
1350 West Street • Pittsfield, MA 01201-5786 • (413) 499-4660
Office of the Registrar

TRANSCRIPT REQUEST FORM

Please Print:

Last Name First Name Maiden / M.I.

Street or P.O.

City State Zip

Number of copies required: _____ Official Copy ($3.00 each)

_____ Unofficial Copy (no charge)

Check One Box:

❑ PROCESS FORM IMMEDIATELY

❑ HOLD FORM UNTIL CURRENT GRADES ARE AVAILABLE

❑ HOLD FORM UNTIL AFTER GRADUATION

Student's Signature

Social Security # or Student ID

Today's Date

Phone

Forward Transcript To:

City State Zip

- *Transcripts are not issued unless all obligations to the college are cleared.*
- *Transcripts are normally mailed within two business days.*

Visa/MC/Disc/AMX #_____ Security Code _____ Exp. Date ____/____

If cardholder name , address and/or home phone is different from the personal data above, enter that information here.

Name: _____ Home Phone: _____
LAST FIRST MIDDLE INITIAL

Address: _____
STREET / P.O. BOX CITY STATE ZIP CODE

STUDENT BILLING

Date:

Paid:
❑ Cash ❑ Chk. ❑ Chg.

By:

RETURN TO: **BERKSHIRE COMMUNITY COLLEGE**
REGISTRAR'S OFFICE
1350 West Street
Pittsfield, MA 01201
Fax: 413-496-9511

rev. 05/2012