

Transcript Request

Please Print:

Last Name	First Name	Former/M.I.
Street or P.O. Box		
City	State	Zip

Number of copies required: _____ Official Copy (\$6.00 each)
There is a 2.5% service charge for credit card payments
_____ Unofficial Copy (no charge)

Check one Box:

PROCESS FORM IMMEDIATELY

HOLD FORM UNTIL CURRENT GRADES ARE AVAILABLE

HOLD FORM UNTIL AFTER GRADUATION

Forward transcript to:

_____	Student's Signature
_____	Social Security or Student ID
_____	Today's Date
_____	Phone

- *Transcripts are not issued unless all obligations to the college are cleared*
- *Transcripts are normally mailed within three business days*
- *E-transcripts are available on demand through www.berkshirecc.edu/transcripts*

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: _____ HomePhone: (____) _____
Last First M.I.

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
Phone: (413) 236-2137
Fax: (413) 496-9511
Scan/Email to registrar@berkshirecc.edu