

# 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/debit 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](http://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](mailto:registrar@berkshirecc.edu)**