

**SALTER College**  
Registrar Office  
184 West Boylston Street  
West Boylston, MA 01583

**Transcript Request  
Form**

\_\_\_\_\_  
(Last Name)                      (First)                      (MI)

**Office Use Only**

Amount Paid: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Number of Copies Sent: \_\_\_\_\_

\_\_\_\_\_  
(Street Address)                      (City)                      (State)                      (Zip)

Telephone number: \_\_\_\_\_

**NOT PROCESSED BECAUSE:**

\_\_\_\_\_ Financial Hold

\_\_\_\_\_ Insufficient Payment

\_\_\_\_\_ Initial Search produced no record

\_\_\_\_\_ Contacted to clarify information

Student ID#/Social Security # \_\_\_\_\_

Number of Transcripts Requested: \_\_\_\_\_

Maiden Name/Name under which enrolled if different: \_\_\_\_\_

Received a Certificate?    Yes \_\_\_\_\_ No \_\_\_\_\_ Year Graduated: \_\_\_\_\_

**PLEASE READ CAREFULLY:**

- ◆ You must use a separate form for each mailing address to which you are forwarding a transcript.
- ◆ NO TRANSCRIPT will be released to or for any student with an outstanding financial obligation to Salter College.
- ◆ Payment must be submitted with request
- ◆ Transcripts are \$5.00 for 5 business day processing or \$10.00 for 2 business day processing

**The College is not responsible for any transcript not picked up within 2-months after initial request. Student will have to complete a new form and submit with appropriate payment.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Today's Date

**Mail Transcript to:** Print clearly and indicate specific office.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_