

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:

(Student ID#/Social Security #) _____

_____ Financial Hold

_____ Insufficient Payment

Number of Transcripts Requested: _____

_____ Initial Search produced no record

_____ Contacted to clarify information

Maiden Name/Name under which enrolled if different: _____

Received a Certificate? Yes _____ No _____ Year Graduated: _____

PLEASE READ VERY 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 (*10-DAY PROCESSING REQUIRED FOR TRANSCRIPTS PRIOR TO 2003*)

- **Transcripts are \$5.00 for 5-10 business day processing/\$10.00 for 2 business day processing (after 2003 only)**

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.

