



Mount Ida College Transcript Request Form

Office of the Registrar, 777 Dedham Street, Newton, MA 02459
phone: 617-928-4503 ~ fax: 617-928-4728 ~ registrar@mountida.edu

*Transcript requests will not be honored for students with outstanding financial obligations.
Please allow 5-7 business days to process your request.*

Name: _____ **Address:** _____
Former Name: _____ **City/State:** _____
SSN/ID# _____ **Zip:** _____
Date of Birth: _____ **Phone #:** _____

School Attended:

Mount Ida College Chamberlayne Jr. College Bryant and Stratton Junior College
 New England Institute Coyne Electrical School Graham Junior College

Are you currently enrolled at Mount Ida College? Yes No

Dates Attended (month and year): From: _____ To: _____

Would you like us to mail your transcripts, or would you like to pick them up? Mail Pick-up Date: _____

Would you like us to wait until final grades/degrees have been posted (one week after the semester)? Yes No

Payment:

There is a fee of **\$5.00 per official transcript**. A one-time \$20.00 fee applies to transcript requests for Bryant and Stratton Junior College and Graham Junior College. There is no fee for an unofficial transcript.

Cash Check /Money Order (payable to Mount Ida College)
 Credit Card (Visa or MasterCard)
Card # _____ Exp. Date: _____ CV Code (3 digitis): _____

Please list the **full address(es)** of where you would like your transcript(s) sent. Include a specific office or individual to ensure timely delivery. All official transcripts will be sealed in an envelope with the Registrar's signature across the seal. Please list additional addresses on the second page of this form.

Full Address: _____ Full Address: _____

Official Unofficial _____ # of transcript(s) Official Unofficial _____ # of transcript(s)

I authorize Mount Ida College to send a copy of my academic transcript to the address(es) specified above.

Signed: _____ **Date:** _____

For office use only:
Amount Received: \$ _____ By: _____ Date Rcvd: _____
Date Sent: _____



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Please indicate your reason for requesting a transcript. Your response to this questionnaire will be strictly confidential and used for tracking purposes only.

I intend to use the transcript for a scholarship application.

I intend to use the transcript for a college application. I am considering transferring from Mount Ida College for the following reason(s): (please provide additional information in the space provided)

- Academic _____
- Financial _____
- Health _____
- Personal _____
- Residential Life _____
- Other _____

I have have not discussed my intentions with my advisor.

I intend to use the transcript for graduate school applications.

Intended degree: _____

I intend to use the transcript for a job application.

Other: _____

Please list additional addresses here:

Full Address:

Full Address:

Official Unofficial _____ # of transcript(s)

Official Unofficial _____ # of transcript(s)