



TRANSCRIPT REQUEST FORM

Your request will be processed within five business days from the day it arrives in our office. You should plan on a total of 10 days to allow for regular first class postage delivery time (door to door). You must complete all fields below to receive your transcript. **Please complete form in block lettering.**

Student Name (when attending Tufts): _____ Current Name (if different): _____

Date of Birth: _____ Tufts Student ID: _____ Last 4 digits of SSN: _____

Major(s) : _____ Year of Graduation _____

What schools did you attend? Please check ALL that apply.

- Arts, Sciences and Engineering Undergraduate
- Friedman School of Nutrition
- Other (Please indicate): _____
- Arts, Sciences and Engineering Graduate
- Fletcher School of Law and Diplomacy
- School of the Museum of Fine Arts

Notes:

Addresses to which transcript should be mailed. A physical address is required; at this time, Tufts does not send electronic transcripts.

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If you would like to have your transcripts sent by overnight mail, please include a pre-paid addressed envelope and label along with this transcript request form.

Signature: _____ Date: _____

Phone number: _____ Email address: _____

Please return this form via mail, email, or fax:
Student Services
Attn: Transcript Processing
419 Boston Ave
Medford, MA 02155

Fax: 617-627-4691
Email: studentservices@tufts.edu
Phone: 617-627-2000