

**PINE MANOR COLLEGE**  
**OFFICE OF THE REGISTRAR**  
400 Heath Street, Chestnut Hill, MA 02467  
Telephone (617) 731-7114 FAX (617) 731-7638

**TRANSCRIPT REQUEST FORM**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

(Full name under which you enrolled)

Current Name (if different) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

Please Note: This form CANNOT be processed without the student's signature.

If you are a current Pine Manor College:

\_\_\_\_\_ Send transcript now

\_\_\_\_\_ Send transcript after current semester grades are posted

If you are a former student please tell us your approximate dates of attendance:

\_\_\_\_\_

There is a \$5.00 fee per official transcript. **Requests for official transcripts must be accompanied by payment.** Please make checks payable to Pine Manor College.

To request an unofficial transcript free of charge, check the box:

VISA / MASTER CARD / AMERICAN EXPRESS

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Name on Credit Card \_\_\_\_\_

Amount to be charged \$ \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Send Transcript to:

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

Quantity \_\_\_\_\_

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

Quantity \_\_\_\_\_

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

Quantity \_\_\_\_\_

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

Quantity \_\_\_\_\_

Office Use: Charge \$ \_\_\_\_\_ Payment Rec'd \_\_\_\_\_ Transcript Sent \_\_\_\_\_