Berkshire Community College
1350 West Street • Pittsfield, MA 01201-5786 • (413) 499-4660
Office of the Registrar

TRANSCRIPT REQUEST FORM

Please Print:

Last Name First Name Maiden/M.I.

Student Signature

Current Address:

Social Security No. **OR** Student ID

City State ZIP

Home phone Work phone Cell phone

Number of copies required:_____ Official Copy ($3.00 each) _____ Unofficial Copy (no charge)

MAIL TRANSCRIPT TO:

_____

_____

_____

_____

Transcripts to be processed:

❑ Immediately

❑ Send at end of current term

Visa/MC/Discover/American Express #_____Exp. Date_____
If the cardholder name, address and/or home phone is different from the personal data above, enter that information here:

Name:_____Home Phone:_____
LAST FIRST MIDDLE INITIAL

Address: _____
STREET/PO BOX CITY STATE ZIP CODE

FOR OFFICIAL USE ONLY:

Fee Paid: $_____ ❑ No Fee

Date Mailed: _____

Transcript Clerk:_____

Return to:

Berkshire Community College
Registrar's Office
1350 West Street
Pittsfield, MA 01201
Fax: (413) 496-9511

8/06