Endicott College

376 Hale Street; Beverly, MA 01915
978-232-2065: office
978-232-2255: fax

transcripts@endicott.edu

Transcript Request Form

Name: _____ Student ID: _____

Former name if applicable: _____

Address: _____ City: _____State: _____

Zip Code: _____Phone: _____ E-mail: _____

Date of Birth: _____

Dates of Attendance/Date of Graduation: _____

Endicott College Degree program (s): (please check) Associate ____ Bachelor ____Master's____

Doctoral____ Non-degree____

Number of transcripts requested: ____

Please Check:

Send now____ Hold until degree conferral____

Hold for current semester grades: Fall: ___ Spring: ___ Summer: ____ Winter: ____

Type of transcript: Official-Sealed____ Issued to Student____ Unofficial____

The costs for transcripts are **$6.00** for official and **$3.00** for unofficial.

Overnight Shipping within the U.S. is $15.00. Shipping internationally is $25.00

Amount Submitted: $_____

Endicott College does not fax or scan transcripts. Please write down the complete address of the recipient(s):

_____ _____

_____ _____

_____ _____

_____ _____

Signature: _____ Date: _____

Updated: 4/20/17