



Boston College
Office of Student Services
www.bc.edu/transcripts

Academic Transcript Request Form

During grading periods, transcripts will be held until all grades are posted.

Transcript requests are processed within 1-3 business days. During peak times in January, May, and September, transcript requests will be processed within 3-5 business days. There is no charge for this service.

Eagle I.D. number or the last four digits of your Social Security Number: _____

Date of Birth (for identification purposes): _____

Current name: First: _____ Middle Initial: _____ Last: _____

Student name: First: _____ Middle Initial: _____ Last: _____

Any additional names: _____

Street address 1: _____

Street address 2: _____

City: _____ State: _____ Zip: _____ Country (if other than US): _____

Contact Phone: _____ Contact Email: _____

1. School within BC: _____ Degree awarded: _____ Started: _____ Ended: _____ Send This Record (Y/N): _____

2. School within BC: _____ Degree awarded: _____ Started: _____ Ended: _____ Send This Record (Y/N): _____

3. School within BC: _____ Degree awarded: _____ Started: _____ Ended: _____ Send This Record (Y/N): _____

Pick up: Number of transcripts to pick up (limit five transcripts for pick up per day): _____

Fax: Fax number (all faxed transcripts are unofficial): _____

FedEx: If you choose FedEx as your delivery option, you must complete this transcript request form and then call the Office of Student Services at 800-294-0294 with your credit card information from 9:00 a.m. to 4:45 p.m. Monday, Tuesday, Thursday and Friday; from 9:00 a.m. to 3:45 p.m. on Wednesday; and on Friday during the summer from 9:00 a.m. until 2:45 p.m. Credit card information must be received by 2:00 p.m. to guarantee next business day delivery. Visit www.bc.edu/transcripts for applicable rates. Only Mastercard and Visa accepted.

Mail: Number of transcripts to be mailed (Limit 25 transcripts mailed per request. Each will be mailed in a separate, sealed envelope.): _____

Address for Mail or FedEx (Please note: FedEx will not deliver to P.O. Boxes):

Name: _____

Organization: _____

Street address 1: _____

Street address 2: _____

City: _____ State: _____ Zip: _____ Country (if other than US): _____

Mail requests to: Boston College, Office of Student Services, Attn: Transcripts, Lyons Hall, 140 Commonwealth Avenue, Chestnut Hill, MA 02467

Fax requests to: (617) 552-4975

Student Signature (Transcripts will not be processed without the student's signature.)

Date

Student Services use only: Processed by: _____

Date: _____