



**Boston College
Office of Student Services**

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: Credit card number: _____ Exp. Date: _____

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:** _____