

**WESTFIELD STATE UNIVERSITY**  
**OFFICE OF THE REGISTRAR**

## Transcript Request

### Student Information

|                                                                                                                                                 |                                                                                                                                                                              |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Last Name:                                                                                                                                      | First Name:                                                                                                                                                                  | Middle Initial:                        |
| Any/All Previous Names:                                                                                                                         |                                                                                                                                                                              | Student ID or<br>Last four #'s of SSN: |
| Street Address:<br><input type="checkbox"/> New Address                                                                                         |                                                                                                                                                                              |                                        |
| City/State/Zip                                                                                                                                  |                                                                                                                                                                              | Phone Number:                          |
| Attendance: (Check one)<br><input type="checkbox"/> Last Attended/Graduated _____ (Date)<br><input type="checkbox"/> Currently Enrolled Student | Division: (Check all that apply)<br><input type="checkbox"/> Day Division <input type="checkbox"/> Continuing Education Student<br><input type="checkbox"/> Graduate Student |                                        |
| Signature of Student                                                                                                                            |                                                                                                                                                                              | Date:                                  |

### Mailing/Request Information (ONE REQUEST PER MAILING ADDRESS)

|                                                                                                                                                                                                                                                                                                                                                                          |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Send Transcript to: <input type="checkbox"/> Self or fill out below                                                                                                                                                                                                                                                                                                      | I would like _____ copies |
| Name/College:                                                                                                                                                                                                                                                                                                                                                            |                           |
| Street Address:                                                                                                                                                                                                                                                                                                                                                          |                           |
| City/State/Zip                                                                                                                                                                                                                                                                                                                                                           |                           |
| Processing check one:<br><input type="checkbox"/> Expedited Processing (\$5.00 each) <input type="checkbox"/> Normal Processing (2-4 business days \$2.00 each)<br><input type="checkbox"/> Hold for semester's grades (\$2.00 each) <input type="checkbox"/> Hold for degree posting (\$2.00 each)<br><input type="checkbox"/> Hold for pick-up (\$2.00 or \$5.00 each) |                           |

Mail Request **AND** Payment to:

| <b>Day Division Student</b>                                                                                                                       | <b>Continuing Education/Graduate Students</b>                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Westfield State University<br>Office of the Registrar – Transcripts<br>P.O. Box 1630<br>577 Western Avenue<br>Westfield, MA 01086-1630            | Westfield State University<br>Graduate – Transcripts<br>P.O. Box 1630<br>577 Western Avenue<br>Westfield, MA 01086-1630 |
| OFFICE USE ONLY: <input type="checkbox"/> CHECK <input type="checkbox"/> CASH    AMOUNT \$ _____<br><i>We do not accept debit or credit cards</i> |                                                                                                                         |