



## Official Academic Transcript Request

### Student Information

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Registered Student Email Address: \_\_\_\_\_

Last Four Digits of Social Security # (if applicable) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List any other names used while attending: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Approximate dates of attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

#### **Mail Transcript to:** (attach additional pages if necessary)

\*\*\*If sending to an educational institution, please address as specific as possible\*\*\*

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\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

*Electronic signatures will **not** be accepted.*

*\*\*Please allow up to 2 weeks for processing\*\**

Transcript requests may be faxed to 617-747-2149, Emailed to  
[registrar@online.berklee.edu](mailto:registrar@online.berklee.edu), or mailed to:

Berklee Online  
1140 Boylston Street  
MS-855 BM  
Boston, MA 02215

**Attn: Continuing Education Registrar**