



Registrar's Office • Bldg 19, room 169 • 413-755-4321 • registrar@stcc.edu

# UNOFFICIAL TRANSCRIPT REQUEST

This Unofficial Transcript Request may be submitted via post mail or email  
via email to: **registrar@stcc.edu**  
via post mail to: **STCC, Attn: Registrar's Office, One Armory Square, PO Box 9000,  
Springfield, MA 01102-9000**

The Unofficial Transcript will be processed and **sent out via mail delivery**

**There is NO COST for Unofficial Transcripts**

Approximate Years of Attendance at STCC \_\_\_\_\_ to \_\_\_\_\_ (ex. 1979 to 2021)

Student Last Name \_\_\_\_\_

Last Name when attended, if different \_\_\_\_\_

Student First Name \_\_\_\_\_

Student ID# or Last 4 digits of SSN \_\_\_\_\_

Telephone Number \_\_\_\_\_

eMail Address \_\_\_\_\_

Number of Copies \_\_\_\_\_

**Transcript Mailing Addresses: You may complete up to 2 mailing addressees per form**

NAME of PERSON, INSTITUTION or AGENCY
STREET ADDRESS
CITY STATE ZIP CODE

NAME of PERSON, INSTITUTION or AGENCY
STREET ADDRESS
CITY STATE ZIP CODE

Student's Signature: \_\_\_\_\_  
*Student's signature required to process request*

◀ Unsigned requests will not be processed

Date of Request: \_\_\_\_\_ (Today's date)

By submitting this signature, I \_\_\_\_\_, certify that I am the above-named student and my electronic signature has the same validity and legally binding effect as signing this consent form by my hand in ink.

**THIS AREA IS FOR OFFICE USE ONLY**

Registrar's Office Staff _____	Date Processed _____
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