



University Registrar's Office Unofficial Transcript Request Form

Forms are processed in 1 to 2 business days.

Student ID (if known): _____ Today's Date: _____ Date of Birth: _____

Name: _____
Last First Middle

Dates of Attendance: _____ Degree Type (Undergraduate, Graduate, Law): _____

Any omission of information may delay the processing of this request.

I allow Suffolk University to release a copy of my unofficial transcript.

Student Signature (required): _____ Date: _____

Please check how you would like to receive the unofficial transcript:

I will pick up copy (available when form is completed in person)

Mail to the following address:

Attention (Company/Person): _____

Street: _____

City/State/Zip: _____

Fax: _____

Email: _____

Once complete, this form can be submitted in the following ways:

- Drop off at the Ram Registration & Financial Center on the 6th floor of 73 Tremont Street
- Email to: registrar@suffolk.edu
- Fax to: 617-573-8703
- Mail to: Suffolk University, University Registrar's Office, 8 Ashburton Place, Boston, MA 02108

***FORMS WITHOUT A HANDWRITTEN SIGNATURE WILL NOT BE PROCESSED.**