



REQUEST FOR A TRANSCRIPT

OFFICE OF THE REGISTRAR

Please note: Your transcripts cannot be released if you have any financial obligations to the college.

Please print neatly below

Last Name: _____ First Name: _____

Student ID #: _____ Berklee Email: _____

Name while enrolled (if different from above): _____

General Information

Date of Birth: ___ / ___ / ___

Major: _____ Program: Degree Diploma

First semester of attendance: _____ Last semester of attendance: _____

Have you graduated? Yes No Graduation Date: _____

Please forward my transcripts to address(es) below:

Please return your completed form to registrar@berklee.edu.

Office of the Registrar Use Only

Processed by: _____ Date Completed: _____