



REGIS

A CATHOLIC UNIVERSITY IN GREATER BOSTON

Transcript Request Form

Office of the Registrar

235 Wellesley Street Weston, MA 02493

Phone: 781-768-7270 Email: registrar@regiscollege.edu

Transcript Process and Policies: (Currently enrolled Regis students should request transcripts via **Regis Access**)

Official Transcript: \$5.00 each **Unofficial Transcript:** Free

* Requests are typically processed **3-5 business days** after being received by the Registrar's Office. However, during certain times of the year (i.e. commencement, registration, start of the semester, etc.) and for more complex requests, processing times may increase.

* Students enrolled at Regis College prior to 2000 and Aquinas Students: Processing time is typically **5-10 business days** as these records have been archived.

* Processing times posted above do NOT include shipping. Therefore, please make sure to allow enough time for processing and shipping. Documents are sent via United States Postal Service (USPS).

* At the time of your request, all financial obligations to Regis College must be cleared. If you have a past balance due, there will be a "HOLD" on your record and you will be unable to obtain a transcript. Once your account is cleared, you will need to **resubmit** your request.

* All requests must be accompanied by the appropriate request form. Incomplete forms and/or missing information will cause processing delays.

* We are unable to provide electronic official transcripts at this time.

* Please do not send a request form ahead of payment as payment is required before processing will begin. **WE DO NOT ACCEPT CREDIT CARDS.** Cash, check or money order, only.

STUDENT Information:

** Please fill out each section or enter N/A **

Please Indicate School: **Regis College** **Aquinas- Milton** **Aquinas- Newton** **Other:** _____

** Lawrence Memorial (LMH) Students must also request a transcript from the LMH registrar **

First Name:	Last Name:	Last 4 of SSN:
Name(s) during attendance if different from above:		Student ID#:
Phone Number:	E-mail address:	
Current Street/Apt Address:		
City:	State:	Zip:
Graduation Year and/or Approximate Dates of Enrollment:		Is this for Teacher Licensure? <i>*If yes, please indicate year:</i>

QUANTITY: Official _____ *Unofficial _____ (*only **UNOFFICIAL** transcripts can be sent via fax or email)

DELIVERY Method:

Pickup Date: _____ (must be at least 5 business days from date requested)

Fax/Email To: _____ Fax #/email: _____ (**UNOFFICIAL, only**)

Mail To:

School/Company Name:		
Recipient or To-the-Attention-to (required):		
Street:		
City:	State:	Zip:

Signature Disclaimer: I understand that checking the "**I Accept**" box below constitutes my *legal signature* and confirms that I acknowledge, understand and agree to the *Transcript Process and Policies* stated in this document and give Regis College permission to process this request.

"I Accept":

DATE: _____