BOSTON ARCHITECTURAL COLLEGE

Transcript Request Form

Transcripts provide a complete academic record of your time at the BAC. They include your grades, credits, and all withdrawals. Degree, certificate. Diploma information is also notated on your transcript. "Official" transcripts are embossed, signed by the Registrar, and are printed on official transcript paper and come in sealed envelopes. "Unofficial" transcripts are not embossed, or signed by the Registrar, and are printed on plain paper.

Transcripts may be mailed or picked up in person; we do not fax or email transcripts. Transcripts will only be provided for those students who have their financial obligations to the institution. Transcript requests are generally processed within two-three business days; requests may take longer during busy academic periods.

While "Unofficial" transcripts are available at no charge, either by remitting this form or through Self-Service, "Official" transcripts carry a cost of $6 per copy. Forms may be remitted in person, post mail, or electronically to registrar@the-bac.edu

Student Information

Student Name _____
First Middle Last

Address _____
Street City State Zip

Preferred Email _____ Preferred Phone _____

Social Security # _____

If you attended the BAC under another name, please list it here _____

Program attended while at BAC _____ Dates of attendance _____

Indicate the type(s) of transcript(s) requested

- ☐ Unofficial Copy sent to student's address
- ☐ Official Copy sent to student's address
- ☐ Official Copy to be picked up by student
- ☐ Official Copy mailed to third party (listed below)

Transcript Recipient Information

#1 _____

_____

_____

_____

#2 _____

_____

_____

_____

Payment Information

_____ _____ _____
Name on card Card Number Exp. Date

# of Official transcripts_____Total to be charged ($6 per Official Transcript) _____

Waiver

By signing below, I authorize the release of my academic record to the recipients as provided above. I understand that I will be charged for any Official transcripts at the price of $6 per copy.

Signature _____ Date _____

Office Use Only:

Rec. Date:	Rec. by:	Reg. Int.:	Bur. Int.:	Off/Unoff:	Amnt. Charged:	Date Proc:

Registrar's Office | Boston Architectural College | 320 Newbury Street Boston, MA 02115
Phone: 617.585.0135 Email: registrar@the-bac.edu