



Office of Academic Services  
Lilly Hall 115  
Northampton, MA 01063  
Phone: (413) 585-7989,  
Fax (413) 585-7994

### Request for Academic Transcript

- Each request for material must bear your handwritten signature.
- Please do not email your request. Print this form, fill out, and send via U.S. mail to the address above. *(Current students may choose to fax their request.)*
- Updated and complete transcripts are available in September following each summer session.
- Each written request will be sent out within five (5) working days of the received request and payment.
- There is a \$3.00 charge for each copy of the transcript *(No charge for current students)*. Enclose a check made out to the Smith College School for Social Work with your mailed request.
- *Transcript Requests that are received without payment will not be processed.*

Name \_\_\_\_\_ Smith ID number (if applicable) \_\_\_\_\_

Date \_\_\_\_\_ Number of copies \_\_\_\_\_

I request that my transcript(s) be sent to:

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Alumni/ae Only:**

I attended from \_\_\_\_\_ to \_\_\_\_\_ Degree granted: \_\_\_\_\_ Date granted: \_\_\_\_\_

Name while enrolled: \_\_\_\_\_

Current name: \_\_\_\_\_

Current address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Please check one of the following:

Send now |  Send after current grades posted |  Send after degree has been posted

The reason for this request is (optional):

Job Application |  School admission |  Scholarships |  Licensure

Other (please specify) \_\_\_\_\_

Signature (required) \_\_\_\_\_ Date: \_\_\_\_\_

**A SIGNED LETTER OR NOTE MAY BE SUBSTITUTED FOR THIS FORM**