



Mount Wachusett
Community College

444 Green Street, Gardner, MA 01440-1000
Office of Enrollment Services
(978) 632-6600 x. 284

TRANSCRIPT REQUEST FORM

This form must be printed and mailed to the Enrollment Services Office with your signature and the \$5 transcript fee.

Student MWCC 9 digit ID Number: _____(Example 00154511)

Name (printed) _____

Maiden Name _____ (if changed)

Home Address: _____
Number & Street

City, State Zip

Please provide the following information:

1. I am currently enrolled at MWCC: ____ Yes ____ No

2. If "no" above - Date of last attendance/graduation: _____

Please send my official transcript to:

College/Company Name: _____

Attention to: Name/Office _____

College/Company Address: _____
Number & Street

City, State Zip

Student Signature: _____ **Date** _____

For Office Use Only:

Date Received: _____

Date Sent: _____

Fee paid: _____