



TRANSCRIPT REQUEST Hardcopy Only

TRANSCRIPTS PRIOR TO 1988 MUST USE THIS FORM.

Student information

last 4 digits - _____ / / _____
Social Security Number Date of Birth Name When Attended (if different)

_____ Last Name First Name Middle

_____ Street Address

_____ City State Zip Code

(_____) - _____
Phone Number Email Address

Type of Transcript: Undergraduate Graduate

Dates Attended From: _____ To: _____

If you are currently enrolled, please check a reason for your transcript request:

- Applying for a Scholarship
- Applying for Graduate School
- Other _____
- Transferring to another college
- Employment

Do Not Send Until:

- Current Semester Grades are Posted
- Degree is Conferred

Number of Transcripts being ordered: _____

Signature: _____

Required for release of transcript.

- Notes:**
- Transcripts **after 1988** may be ordered in hardcopy **OR** electronic form via <https://enc.edu>.
 - Payment must accompany this form: cash, check, or money order only.
 - Same-day processing is not available.
 - Normal processing time is approximately 3 business days.
 - All transcript requests must receive clearance from Student Financial Services before transcript will be released.
 - ENC does not release unofficial transcripts.
 - Transcripts cannot be faxed.

Hardcopy Transcript Delivery: (choose one)

- Send via U.S. Postal Service
- Pick up at Registrar's Office (M-F, 8:00am-5:00pm; hours subject to change.)

Cost per Transcript: \$5.00

Payment types and amount paid:

- Cash \$ _____
- Check # _____ \$ _____

Recipient Information: (Complete address required. Please print clearly.)*

Name: _____

Address: _____

City & State: _____

Zip Code: _____

* If more than one recipient, please use back of form to list complete name & address.

To submit your order, send completed form & fee to:

**Eastern Nazarene College
Registrar's Office
23 East Elm Avenue
Quincy, MA 02170**

Please direct questions to registrar@enc.edu, or 617-745-3877.