



# TRANSCRIPT REQUEST FORM

Please complete this form to send an official or unofficial copy of your transcript to a school, agency, or job on your behalf. If you have any questions, please contact Mikayla Galvin, Records Secretary, at 617-349-6697. Return this form via email ([mgalvin@cpsd.us](mailto:mgalvin@cpsd.us)), via fax (617-349-6699), or via mail to: Cambridge Rindge & Latin School, Transcript Request, 459 Broadway, Cambridge, MA 02138.

**Requests will be processed within 7 days after receipt of signed form. Please note, emailed transcripts are not considered official. Official transcripts must be mailed or faxed directly to an institution in order to maintain the integrity of the transcript.**

SECTION 1: Student Information			
Date		Date of Birth	
First Name		Email Address	
Last Name		Phone Number	
Full Name When Enrolled			
Current Address <small>ADDRESS, CITY, STATE, ZIP CODE</small>			
School Attended	Cambridge Rindge & Latin	Cambridge High & Latin	Rindge Technical School
Graduated?	YES	NO	Year of Graduation
Withdrawal Date (If you left prior to graduation)			

SECTION 2: Institution to Receive Official Transcript by MAIL				
Institution Name	Street Address	City	State	Zip Code

SECTION 3: Institution to Receive Official Transcript by FAX			
Institution Name	Contact Name	Institution Fax Number	Institution Email Address

Your signature is required below to authorize the release of your transcript to the institutions/parties listed above:

Student Signature		Date	
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*For Records Office Only*

Date Received	Date Processed	Comments	Initials