



Tufts
UNIVERSITY

Sackler School
of Graduate
Biomedical Sciences

Transcript Request Form

Note that any current or former student with a UTLN may request a transcript through iSIS at <http://go.tufts.edu/isis>

Please complete this form to request a Sackler School transcript. There is no charge for processing transcript requests. Your request will be processed within 3-5 working days from the time we receive it.

A completed and signed copy of this form will be accepted by fax at 617-636-0375, by e-mail to SacklerRegistrar@tufts.edu, in person at the Sackler Dean's Office in Sackler 813, or by mail to:

Tufts University
Sackler School Dean's Office
136 Harrison Avenue
Boston, MA 02111

First name _____ Last name _____

Former name, if any, during enrollment _____

E-mail Address _____

Dates of attendance _____ Degree awarded _____

Home address _____

STREET

APT

CITY

STATE

ZIP

COUNTRY (if not U.S.)

Telephone # _____

Please send _____ copies to the address below (if home address, leave blank).

Delivery Method (check one)

- Send transcript directly to the organization listed below.
- Place transcript in a sealed envelope and mail it to me. (If the envelope is opened before it reaches the organization, it is not considered official.)
- Place transcript in a sealed envelope for me to pick up in the Sackler Dean's Office.

Name of Organization _____

Contact Name _____

MAILING ADDRESS (Line 1)

MAILING ADDRESS (Line 2)

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I authorize the issuance of my transcript as indicated on this form.

Signature _____

Date _____