



Harvard University Division of Continuing Education

Harvard University Extension School • Harvard Summer School

Academic Services • 51 Brattle Street • Cambridge, Massachusetts 02138-3722 • (617) 495-0977 • fax: (617) 495-3662

Transcript Request

The Division of Continuing Education transcript includes Extension School and Summer School courses (credit and noncredit), grades, credits, and, when appropriate, withdrawal notations. Transcripts for degree and certificate candidates also include relevant degree and certificate information.

Official transcripts are embossed and signed by the Registrar. They may be sent directly to third parties or to students in a signed, sealed envelope for delivery to third parties. "Unofficial" transcripts are not embossed or signed by the Registrar. The words "Issued to Student" appear on the face of the transcript. There is no charge for transcripts. Official transcripts are not issued to third parties for students who have not met their financial obligations to Harvard University. Transcript requests ordinarily are processed within a minimum of 48 hours from the date of receipt; however, it may take longer to process requests during busy periods.

Instructions for Ordering a Transcript

- Print all requested information legibly and in ink.
- Indicate the type(s) of transcript(s) requested.
- Provide exact names and complete addresses of transcript recipients where appropriate.
- Sign the form where indicated.
- Submit completed form(s) by mail, fax, or in person to the above address. Telephone and e-mail requests are not accepted.
- Transcripts cannot be faxed or e-mailed.

Please Provide All Information Requested

Legal name _____
First Middle Last

Address _____

City State Zip/Postal code Country (if not US)

Social security/@ ID number _____ Date of birth ____/____/____
Month Day Year

E-mail address _____

Daytime telephone number (____) _____ - _____ Ext. _____

When did you attend Harvard Extension School? _____ Harvard Summer School? _____

Are you currently enrolled? Yes No

Are you an Extension graduate? Yes No Which program? _____ Date graduated ____/____/____
Month Day Year

I authorize release of my academic record to the recipient indicated below.

Student signature (required) _____ Date _____

Indicate the Type(s) of Transcript(s) Requested

- Unofficial copy marked "Issued to Student" and sent to student's current mailing address. Only one copy per request.
- Official copy sent to the student's current mailing address in a signed and sealed envelope for forwarding to a third party. Number of copies needed _____.
- I prefer to pick up my above transcripts. Please call me at (____) _____ - _____ Ext. _____ (local number only) when they are ready.
- Do not send my transcript(s) until the grades for the current term are available.
- Official copy sent directly to a third party.

Print complete name and address of third party recipient below. Use page 2 to request additional third party transcripts.

1. Recipient's name _____
First Middle Last

Address _____

City State Zip/Postal code Country (if not US)

Number of copies to be sent to this recipient _____

Complete One Section Per Request

.....
Student's legal name _____ Social Security/@ ID number _____

I authorize release of my academic record to the recipient indicated below.

Student signature (required) _____ Date _____

Do not send my transcript(s) until the grades for the current term are available.

Print complete name and address of third party recipient below.

2. Recipient's name _____

First Middle Last

Address _____

City State Zip/Postal code Country (if not US)

Number of copies to be sent to this recipient _____

.....
Student's legal name _____ Social Security/@ ID number _____

I authorize release of my academic record to the recipient indicated below.

Student signature (required) _____ Date _____

Do not send my transcript(s) until the grades for the current term are available.

Print complete name and address of third party recipient below.

3. Recipient's name _____

First Middle Last

Address _____

City State Zip/Postal code Country (if not US)

Number of copies to be sent to this recipient _____

.....
Student's legal name _____ Social Security/@ ID number _____

I authorize release of my academic record to the recipient indicated below.

Student signature (required) _____ Date _____

Do not send my transcript(s) until the grades for the current term are available.

Print complete name and address of third party recipient below.

4. Recipient's name _____

First Middle Last

Address _____

City State Zip/Postal code Country (if not US)

Number of copies to be sent to this recipient _____