



STONEHILL COLLEGE



COLLEGE TRANSCRIPT REQUEST FORM

Please Print Legibly

This form is used by Stonehill College for the sole purpose of requesting transcripts on behalf of our prospective students. The prospective student's signature on this form grants Stonehill College the right to request transcripts directly from institutions previously attended. If Stonehill College is unable to obtain transcripts for any reason, the prospective student will be responsible to obtain transcripts.

Legal First Name: _____

Legal Middle Name: _____

Legal Last Name: _____

Any Previous Last Names (if applicable): _____

Name of High School: _____

Year of Graduation: _____

Date of Birth: _____

Current Address: _____

Email Address: _____

Phone Number: _____

Please send one (1) official transcript for the above prospective applicant to:

Office of Admission
Stonehill College
320 Washington Street
Easton, MA 02357

Signature: _____

Date: _____