



STONEHILL COLLEGE



## MASSASOIT COMMUNITY 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:** \_\_\_\_\_