



Official Academic Transcript Request

Student Information

Name: _____

Email address: _____

Social Security # _____ Date of Birth: _____

List any other names used while attending: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Approximate dates of attendance From: _____ To: _____

Mail Transcript to: (attach additional pages if necessary)

Signature (required)

Date

Allow 2 weeks for processing.

Transcript requests can be faxed to 617-747-2149 or mailed to:

Berkleemusic
1140 Boylston Street
MS-855 BM
Boston, MA 02215

Attn: Continuing Education Registrar

*****Email requests will not be accepted***