



HARVARD DIVISION OF CONTINUING EDUCATION

Harvard Extension School • Harvard Summer School

Office of Academic Services • 51 Brattle Street, Cambridge, MA 02138-3722 • (617) 495-0977 • fax: (617) 495-3662 • AcademicServices@extension.harvard.edu

Transcript Request

The Division of Continuing Education transcript is your complete academic record. It includes all courses you enrolled in at Harvard Extension School and Harvard Summer School, your grades, credits, withdrawals, and when appropriate disciplinary notations. Degree, certificate, and diploma information is also included on the transcript when applicable. Professional certificates are noted on transcripts. However, professional development programs are not.

Official transcripts are embossed, signed by the Registrar, and printed on official transcript paper. They may be sent directly to third parties or to you in a signed, sealed envelope. "Unofficial" transcripts are not embossed or signed by the Registrar and are printed on plain paper.

Official transcripts are not issued for students who have not met their financial obligations to Harvard University. Transcript requests are processed within seven to ten business days from the date of receipt.

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.
- Make sure to sign the form where indicated.
- Submit completed form(s) in person or by mail to the address above.
- Completed transcript request form(s) can be faxed to the number above or sent as an attachment to the email address above.
- Transcript requests cannot be placed over the telephone.
- Transcripts do not display current enrollment. If you need proof of current enrollment, you should request a Letter of Enrollment.
- There is no charge for transcripts.

Please provide all information requested

| STUDENT'S FULL LEGAL NAME* (exactly as printed on your government-issued ID) | | |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|
| Last/Family/Sur name(s) | First/Given name(s) | Middle name(s) |
| Present address: (number, street, and apartment number) | | |
| City | | State/Province |
| | | Zip/Postal code |
| Country (if not US) | Telephone number (including area/country code) | Cell phone number (including area/country code) |
| E-mail address (Must be student's personal and unique address. Please provide only one e-mail address.) | | |

| DATE OF BIRTH example: JAN 01 1994 | DCE ID NUMBER | HARVARD ID NUMBER | SOCIAL SECURITY NUMBER | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|------------------------|--|--|--|-------------|----------|-------------|--|--|--|---|----|----|
| <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Month (MMM)</td><td>Day (DD)</td><td>Year (YYYY)</td><td colspan="3"></td></tr> </table> | | | | | | | Month (MMM) | Day (DD) | Year (YYYY) | | | | @ | OR | OR |
| | | | | | | | | | | | | | | | |
| Month (MMM) | Day (DD) | Year (YYYY) | | | | | | | | | | | | | |
| (If unsure, see www.extension.harvard.edu/login or www.summer.harvard.edu/login) | | | | | | | | | | | | | | | |

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

| | |
|-------------------------------------------|------------|
| Student signature (required) _____ | Date _____ |
|-------------------------------------------|------------|

Indicate the type(s) of transcript(s) requested

- Unofficial copy marked "Issued to Student" and sent to my current mailing address. Only one copy per request.
- Official copy sent to my current mailing address in a signed and sealed envelope. Number of copies needed _____.
- 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 full name | | | |
| | Address | | | |
| | City | | State/Province | Zip/Postal code |
| | | | Country (if not US) | |
| I authorize release of my academic record to the recipient indicated above. | | | Number of copies sent to this recipient | |
| Student signature (required) _____ | | | Date _____ | |

Complete one section per request

| STUDENT'S FULL LEGAL NAME* (exactly as printed on your government-issued ID) | | |
|------------------------------------------------------------------------------|---------------------|----------------|
| Last/Family/Sur name(s) | First/Given name(s) | Middle name(s) |

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| DATE OF BIRTH example: JAN 01 1994 | DCE ID NUMBER | HARVARD ID NUMBER | SOCIAL SECURITY NUMBER | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">Month (MMM)</td> <td style="font-size: 8px;">Day (DD)</td> <td style="font-size: 8px;">Year (YYYY)</td> </tr> </table> | | | | Month (MMM) | Day (DD) | Year (YYYY) | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;">@</td> <td style="width: 80%; border: 1px solid black; height: 20px;"></td> </tr> </table> | @ | | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;">OR</td> <td style="width: 80%; border: 1px solid black; height: 20px;"></td> </tr> </table> | OR | | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> </tr> </table> | | | |
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| (If unsure, see www.extension.harvard.edu/login OR www.summer.harvard.edu/login) | | | | | | | | | | | | | | | | |

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| I authorize release of my academic record to the recipient(s) indicated below. |
| Student signature (required) _____ Date _____ |

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|-----------------------------------------|-----------------------|----------------|-----------------|
| 2 | Recipient's full name | | |
| Number of copies sent to this recipient | Address | | |
| | City | State/Province | Zip/Postal code |
| | Country (if not US) | | |

| | | | |
|-----------------------------------------|-----------------------|----------------|-----------------|
| 3 | Recipient's full name | | |
| Number of copies sent to this recipient | Address | | |
| | City | State/Province | Zip/Postal code |
| | Country (if not US) | | |

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|-----------------------------------------|-----------------------|----------------|-----------------|
| 4 | Recipient's full name | | |
| Number of copies sent to this recipient | Address | | |
| | City | State/Province | Zip/Postal code |
| | Country (if not US) | | |

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|-----------------------------------------|-----------------------|----------------|-----------------|
| 5 | Recipient's full name | | |
| Number of copies sent to this recipient | Address | | |
| | City | State/Province | Zip/Postal code |
| | Country (if not US) | | |