

Longy School of Music Transcript Request Form

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Dates of Attendance at Longy: _____ Program: _____

Name when attending Longy (if different from above): _____

Send Now Hold for semester grades Hold for degree completion

For Office Use Only

Date Received: _____

Date Processed: _____

Mail or fax requests to:

Longy School of Music
Office of the Registrar
One Follen Street
Cambridge, MA 02138
Fax: (617) 876-9326

Addresses to which transcripts should be sent:

1.) _____ Student will pick up Number of copies _____
_____ Put in Longy mailbox

2.) _____ Student will pick up Number of copies _____
_____ Put in Longy mailbox

3.) _____ Student will pick up Number of copies _____
_____ Put in Longy mailbox

Signature of Student

Date

Current Student – no fee

Former Student – fee is \$5.00 per copy

Check or Money Order (submit with request)

Visa / MasterCard

Account Number: _____

Expiration Date: _____ 3-digit Security Code: _____

Billing Address: _____
