

Longy School of Music Transcript Request Form

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Current student –OR– Former student

Dates of Attendance at Longy: _____ Program: _____

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

Send Now Hold for semester grades Hold for degree completion

Mail or fax requests to:

Longy School of Music
Academic Affairs
One Follen Street
Cambridge, MA 02138
Fax: (617) 876-9326

Addresses to which transcripts should be sent:

1.) _____ Mail transcript –OR– Number of copies _____
_____ Put in Longy student box

2.) _____ Mail transcript –OR– Number of copies _____
_____ Put in Longy student box

3.) _____ Mail transcript –OR– Number of copies _____
_____ Put in Longy student box

4.) _____ Mail transcript –OR– Number of copies _____
_____ Put in Longy student box

Signature of Student

Date

For Office Use Only Date Received: _____ Date Processed: _____