



Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy

Friedman School of Nutrition Science and Policy

TRANSCRIPT REQUEST FORM

Your request will be processed within five business days from the day it arrives in our office. You should plan on a total of 10 days to allow for regular first class postage delivery (door to door). You must complete all fields below to receive your transcript.

Student Name (when attending Tufts) _____

Current Name (if different from when attending Tufts) _____

Date of Birth _____ Last four numbers of SSN _____

Dates Attended _____

1. Address to which transcript should be mailed: Number of copies mailed to this address _____

2. Address to which transcript should be mailed: Number of copies mailed to this address _____

3. Address to which transcript should be mailed: Number of copies mailed to this address _____

Please check if you would like this request sent by overnight mail _____

Overnight mail can only be sent to a physical address via FedEx. FedEx cannot overnight to PO Boxes. If you choose to have the transcript overnighted, please contact the Registrar's Office to provide your credit card information for this additional service: 1-617-636-3777.

Signature _____ Date _____

Phone Number _____ Email address _____

Please return this form via snail mail or fax to:

Tufts University
Friedman School of Nutrition Science and Policy
Office of Student Affairs
150 Harrison Avenue
Boston, MA 02111
Telephone: 1-617-636-3777
Fax # 1-617-636-3600