FIVE-WEEK SUMMER PERFORMANCE PROGRAM
TRANSCRIPT REQUEST

Please print neatly below

| Last Name: ___________________________ | First Name: ___________________________
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID #: ________________________</td>
<td>Berklee Email: ________________________</td>
</tr>
<tr>
<td>Date of Birth: ________________________</td>
<td>Year(s) Attended: ______________________</td>
</tr>
</tbody>
</table>

Recipient Information:

Name: __________________________________________
Address: _________________________________________

Name: __________________________________________
Address: _________________________________________

Name: __________________________________________
Address: _________________________________________

Is this Recipient:

☐ Yourself
☐ An Educational Institution
☐ Other: __________________________

Student Signature _____________________________ Date _____________

Please return your completed form to the Office of the Registrar via email at registrar@berklee.edu, by fax at 617-747-8520, or mail to Berklee College of Music, 1140 Boylston Street, MS-921 OREG, Boston, MA 02215.

Office of the Registrar Use Only

Processed by: _____________________________ Date Completed: ____________