



Berklee

FIVE-WEEK SUMMER PERFORMANCE PROGRAM TRANSCRIPT REQUEST

OFFICE OF THE REGISTRAR

Please print neatly below

Last Name: _____	First Name: _____
Student ID #: _____	Berklee Email: _____
Date of Birth: _____	Year(s) Attended: _____

Recipient Information:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Is this Recipient:

Yourself

An Educational Institution

Other: _____

Yourself

An Educational Institution

Other: _____

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: _____