



# BOSTON REED COLLEGE

## STUDENT RECORDS DOCUMENT REQUEST

Name:		Date:
Address:		
City:	State:	Zip:
Phone :	Last 4 digits of Social Security Number:	

**Instructions:** Fill out the appropriate request area. If you are requesting more than one document submit a form for each request. Expect to receive the requested documents within 15 business days. Please email the completed form to [records@bostonreed.com](mailto:records@bostonreed.com).

### Request a copy of a document:

- Pharmacy Technician Affidavit
- California Statement of Phlebotomy Practical Training (CSPPT)
- Tuition Receipt: Please note that Boston Reed does not qualify to issue students a 1098-T because we are not a two or four year educational institution

### Request a transcript: There is a maximum request of three official transcripts per month.

- Official Transcript: Sealed
- Student Transcript: for personal records or issuance of non-confidential items – not sealed

Name:	Address:		
Contact Person for Department:	City:	State:	Zip:

**Request a duplicate certificate:** Complete student information below if different from above. **There is a maximum of one certificate request for every 90 days.**

Full Name at Time of Enrollment:	Month and Year of Enrollment:
Program and Location:	

### Name, Address, Email and/or Phone Number Change Request

Register any changes with Boston Reed College. Please enter old address & contact numbers here. Your new information will be above. This information is used for student verification.

Name:	Address:		
City:	State:	Zip:	
Phone: ( ) -	Email:		

**Please note:** If using a hyphenated name, please be consistent with its use.

**Student Signature:**

**EMAIL:**

PLEASE NOTE: TO PROTECT YOUR PRIVACY A SIGNATURE AND EMAIL ARE REQUIRED TO RELEASE ANY STUDENT INFORMATION

Please note that you may only email this document to Boston Reed.

Email: [Records@bostonreed.com](mailto:Records@bostonreed.com)