

# Commonwealth of Massachusetts Municipal Police Training Committee

"Training for Today, Planning for the Future"  
6 Adams Street, Randolph, MA 02368

## TRANSCRIPT REQUEST FORM

Today's Date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ E-mail \_\_\_\_\_

Last 4 SS# \_\_\_\_\_ Driver's License # \_\_\_\_\_

State Employee ID #:  
(If applicable)

Police Academy \_\_\_\_\_ Sponsoring Police Department \_\_\_\_\_

Police Academy Start Date \_\_\_\_\_

By way of submitting this Transcript Request electronically you authorize the Municipal Police Training Committee to mail a Certified Transcript of your police training on your behalf to: [Submit a separate Transcript Request for each mailing address.]

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

### PLEASE FOLLOW THESE INSTRUCTIONS:

Click "**File**", "**Save As**"

**File Name:** **Rename** using this method: FirstInitialLastname-Transcript Request [Example: **JSmith-TranscriptRequest**]

**File as Type:** Adobe PDF Files

Click "Save". The form is saved to your computer by default. JSmith-TranscriptRequest.pdf

E-mail to: [MPTC.RAO@mass.gov](mailto:MPTC.RAO@mass.gov)

### AGENCY USE ONLY

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Date Mailed: \_\_\_\_\_