

# Transcript Request Form

Complete and sign form. Fax, mail, or return in person to:

Eastern Maine Community College  
Office of Institutional Research and Student Data  
354 Hogan Road  
Bangor, ME 04401  
207-974-4683 (FAX)

TRANSCRIPT FEES: **\$5.00 PER REQUEST (UP TO 2 COPIES) to be processed within 7 days**  
**\$1.00 for each additional transcript at the time of request**  
**\$10.00 additional for Expedited or To Be Faxed Requests**

**The Family Educational Rights & Privacy act of 1974 requires that all transcript requests be in writing, signed & dated by the person to whom the record belongs.**

Student ID or Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_

First MI Last Other (or maiden) name used

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Number of Transcripts Requested \_\_\_\_\_ Hold for Final Semester Grades? Yes \_\_\_ No \_\_\_

Send Transcripts to (Please Print Clearly): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT SIGNATURE (REQUIRED):** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Any Special Instructions? \_\_\_\_\_

If paying by Credit Card, please provide the following: Card# \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Last Three Digits of the Security Code: \_\_\_\_\_ Circle the type of card: Visa MasterCard Discover

**Office Use Only:**

Expedite: Yes \_\_\_ Fax: Yes \_\_\_ Staff Initials/Date Issued \_\_\_\_\_  
Cash \_\_\_ Check# \_\_\_\_\_ Credit Card \_\_\_\_\_  
Receipt # \_\_\_\_\_

Revised 3/31/11 tlp