



Transcript Request Form

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

Office of Institutional Research and Student Data
354 Hogan Road, Bangor, ME 04401
registrar@emcc.edu
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 signed and 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): _____

Print document at this time ****Must be signed by the person for whom the record belongs**** No Copies
****No electronic signatures****

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 Processed _____
Cash ___ Check# _____ Credit Card _____ Staff Initials/Date Issued/Picked Up _____
Receipt # _____ Revised 6/22/2017 tma