

TRANSCRIPT REQUEST FORM

Complete and sign form. Mail, e-mail, FAX or return in person to the Office of Institutional Research and Student Data.

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

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

Student ID #: _____ Last 4 Digits of SSN if Student ID Not Known: _____

Name: _____ Former Name: _____
First Middle Last Other or Maiden Name Used

Date of Birth: _____ Dates of Attendance: _____

Current Mailing Address: _____
PO Box or Street Address

City State ZIP

Home Phone: _____ Cell: _____ E-Mail: _____

Number of Transcripts Requested: _____ Hold for Final Semester Grades? Yes No

Send Transcripts to (Print Clearly): _____

Special Instructions? _____

_____ For those enrolled in the **A.A. in Liberal Studies** fall 2017 or later: I have fulfilled the **Maine Community College System/University of Maine System Transfer-Out Block** (34-35 credits of general education coursework) and wish to have my transcript reviewed and certified, if appropriate.

Payment: If paying by Credit Card, please provide the following: Circle One: Visa MasterCard Discover

Card #: _____ Expiration Date: _____ Security Code: _____

Student Signature (REQUIRED): _____ Date: _____

Office Use Only: <input type="checkbox"/> Meets Block <input type="checkbox"/> Does Not Meet Block	Block Certification Reviewed By: _____
<input type="checkbox"/> Expedite <input type="checkbox"/> FAX <input type="checkbox"/> Credit Card	Staff Initials/Date Processed: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check# _____ Receipt # _____	Staff Initials/Date Issued/Picked Up: _____