**C:\Users\tpelletier\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\ASG5CPHX\EMCC.logo.rectangle.tif**

**Office of Institutional Research and Student Data**

**354 Hogan Road, Bangor, ME 04401**

**E-Mail: registrar@emcc.edu**

**FAX: 207-974-4683**

**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 #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.

**Student Signature (REQUIRED):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Office Use Only: Meets Block Does Not Meet Block Block Certification Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_**  **Expedite FAX Credit Card (please call 974-4621 to pay with Visa, Master Card, Discover)**  **Cash Check# \_\_\_\_\_\_\_\_ Receipt # \_\_\_\_\_\_\_\_\_**  **Staff Initials/Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Staff Initials/Date Issued/Picked Up:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |

3/30 tlp