

PORTLAND • GORHAM • LEWISTON • ONLINE

Office of Registration and Scheduling Services 140 Luther Bonney Hall, Portland Campus 107 Bailey Hall, Gorham Campus TEL (207) 780-5230 TTY (207) 780-5646 FAX (207) 780-5517 registerusm@maine.edu/reg

INSTRUCTIONS FOR ORDERING AN OFFICIAL TRANSCRIPT

The Family Educational Rights and Privacy Act of 1974 (FERPA) requires that all transcript requests must be submitted in writing, signed and dated by the person to whom the record belongs. Telephone requests for transcripts CANNOT be accepted.

- This form may only be used to request physical paper transcripts. For more information about ordering an electronic transcript, please go to our website: https://usm.maine.edu/transcripts
- Please provide as much of the requested information as you are able. If you are unsure of your Student ID number or dates of attendance/graduation, you may leave those fields blank.
- For your security, please DO NOT PROVIDE your Social Security Number on this form.
- The issuance of partial transcripts is strictly prohibited.
- You may complete this form electronically using Adobe Reader, or print the form to fill it. Your signature is required for your transcript order to be fulfilled.

HOW TO SUBMIT YOUR TRANSCRIPT ORDER

- Email your order to the Office of Registration and Scheduling: registerusm@maine.edu
 The following document types are accepted: pdf, scan, or photo/image file.
- If you prefer, this form can be submitted via fax, mail, or in person. You are welcome to visit any of the following campus locations during business hours for in-person transcript requests:
 - O 140 Luther Bonney Hall, Portland Campus
 - O 107 Bailey Hall, Gorham Campus
 - O Room 119, Student Success Center, Lewiston-Auburn Campus

Under Maine law, the University must provide current and former students their official transcript or diploma upon request, regardless of a past due balance or debt owed to the institution. Students with a record hold due to a past due balance should contact the Student Accounts Office to request a temporary removal of the hold so the student can then request their official record(s) through the University Registrar's Office or available self-service options. Those with past due balances of \$2,500 or more must enter into a payment plan before the hold is temporarily removed and their record(s) can be requested. For more information please contact the Office of Student Financial Services at (207)780-5250



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registerusm@maine.edu
usm.maine.edu/reg

Process Date:____

Staff Initials:____

TRANSCRIPT REQUEST FORM

The Family Educational Rights and Privacy Act of 1974 (FERPA) requires that all transcript requests received by mail or fax be <u>signed and</u> <u>dated</u> by the person to whom the record belongs. Telephone requests **CANNOT** be accepted. There is a limit of **TEN** transcripts per request.

Please allow 3-4 business days for processing.

STUDENT INFORMATION

Student ID (if known):	Date	of Birth:				
Name:All previous names:						
Mailing Address:						
City:		State:			Zip:	
Telephone Number:	Check this box	to update the a	ddress/ph	one numbe	r on your stu	udent record:
Are you currently enrolled? Yes No - Please provide your last year of attendance (if known):						
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TRANSCRIPT PROCESSING INFORMATION - LIMIT 10 PER ORDER Indicate when and where you would like your paper transcript(s) to be mailed. This form may only be used to order physical transcripts. Instructions for placing an electronic transcript order can be found at: usm.maine.edu/transcripts						
Process this transcript order:	Immediately	Hold until my	degree is	awarded		
	Hold for Current Session	n Grades:	Fall	Winter	Spring	Summer
Please send copies to my current address listed above in the Student Information box.						
Please send copies to the address below:						
Attention or Department:						
University or Business:						
Street Address:			·			
City:		State:		Zip:		
For additional addresses, please attach a separate list to this order form.						
	OTUDENT OLONATU		UDED		Depar	tment Use Only:

Date:_

SIGN HERE - STUDENT SIGNATURE IS REQUIRED

Signature:_