



Registration & Scheduling Services  
140 Luther Bonney  
85 Bedford Street  
Portland, Maine 04101  
Phone - (207) 780-5230  
Fax - (207) 780-5517  
registerusm@maine.edu

## INFORMATION ON ORDERING AN OFFICIAL TRANSCRIPT

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. Telephone requests **CANNOT** be accepted.

- You can assist us in giving speedy, accurate service by providing complete information on your request form. This online form is fillable-please **DO NOT USE** your **Social Security Number!**
- After printing and *physically* signing your request, send it to the address or fax number at the top of the request form. You may also scan and attach the form to an email and send it to: registerusm@maine.edu
- There currently is no fee for a transcript ordered in this way.
- The issuance of partial transcripts is strictly prohibited.
- University policy prohibits issuing transcripts to any student indebted to the University or defaulted on Federal student loans.
- You may come to any of the following campus locations for in person processing of transcripts:
  - 140 Luther Bonney, Portland
  - 107 Bailey Hall, Gorham
  - 119 LAC, Lewiston-Auburn

\*\*\*\*\*No cover sheet is needed\*\*\*\*\*

\*\*\*\*\*Please do not send this instruction page\*\*\*\*\*



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**TRANSCRIPT REQUEST FORM**

Please be sure to fill out this form completely to avoid any delay in processing.

The Family Educational Rights and Privacy Act of 1974 (FERPA) requires that all transcript requests received by mail or fax be signed and dated 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 (7 digits): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ All previous names: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  Please update my record

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

**TRANSCRIPT PROCESSING INFORMATION**

Are you currently enrolled?  Yes  No If No, last year of attendance \_\_\_\_\_

Send my official transcript:

Immediately

Hold until degree conferred Graduation Date: \_\_\_\_\_

Hold for current semester grades  
 Fall  Spring  Summer

Please send \_\_\_\_\_ copies to my current address listed above (limit 10).

Please send \_\_\_\_\_ copies (limit 10) of my transcript to:

Attention or Department: \_\_\_\_\_

University or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***For additional addresses please attach a separate list***

Clear

Process  
Date: \_\_\_\_\_

By: \_\_\_\_\_