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*****
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: