



## Request for Official Academic Transcript

Division of Academic Affairs  
Office of the Registrar  
1250 Turner Street  
Auburn, Maine 04210-6498  
Telephone: (207) 755-5292  
FAX: (207) 755-5495

Please print your current name, address and telephone below.

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

Name previously enrolled under if different:

\_\_\_\_\_

Dates of Attendance

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

The individual indicated above has requested that the enclosed transcript be sent to your attention.

Send to:

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

(Student information continued)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies \_\_\_\_

Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Major: \_\_\_\_\_

Award:

- Associate Degree       Diploma  
 Certificate             Other

Student Signature (REQUIRED):

**X** \_\_\_\_\_



FOR OFFICE USE ONLY

Date Released: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail       Picked up

Released by:

\_\_\_\_\_

### Release of Information

This transcript has been forwarded to you at the request of the student with the understanding that it will not be released to other parties. The Family Rights and Privacy Act of 1974 prohibits the release of this information without the student's written consent.