



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.