Transcript Request Form

UNIVERSITY of MAINE at AUGUSTA

Registrar's Office
46 UNIVERSITY DRIVE, AUGUSTA, ME 04330-9488

Please enter your name and address below

Name

Date

Last _____ First _____ Middle Initial

Mailing Address

Street/PO Box _____ City _____ State _____ ZIP

The University of Maine at Augusta does not charge a transcript fee. The cost is covered by the Unified Fee charged when a student registers. The University will not issue an official transcript if a student owes a past due balance on a student tuition account or has defaulted on repayment of a student loan. Questions about holds should be addressed to the Student Accounts Office. I hereby authorize the release of my transcripts to the individual or organization indicated in the area below. **Request will not be processed without a signature.**

Signature Required for Release of Transcript

Number of Transcripts to be sent

Signature _____ Date

Number of official transcripts _____ Number of student transcripts

Please provide complete name and address of recipient.
(An incomplete address may result in a delayed arrival or returned as undeliverable)

Name

Last _____ First _____ Middle Initial

Mailing Address

Street/PO Box _____ City _____ State _____ ZIP

Please forward a copy of this request to the following UMS campuses: UM   UMF   UMFK   UMM   UMPI   USM

Additional Information

Dates of Attendance

Student ID Number _____ Date of Birth

From _____ To

List All Previous Names (maiden or change of name)

Degrees Earned

Check as Appropriate

Currently Enrolled   SEND IMMEDIATELY

Hold for Current Semester

Spring   Summer   Fall

Hold until Degree Confirmed   Hold for Grade Change

Do not write below this line

☐ Total official Transcripts   Date Request Process & Mailed

☐ To Addressee

☐ To Student   _____ by