

**TRANSCRIPT REQUEST FORM**  
REGISTRAR'S OFFICE  
UNIVERSITY OF MAINE AT AUGUSTA  
46 University Drive, Augusta, ME 04330  
Fax: (207) 621-3116

Please enter your name and address in the box below.


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.

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

***Student Signature Required for release of transcript***

Enter the number of \_\_\_official / \_\_\_ student copy transcripts to be sent.

Please provide complete name and address of recipient.

*(An incomplete address may result in a delayed arrival or returned as undeliverable)*


Please forward a copy of this request to the following UMS campuses:

UM \_\_\_ UMF \_\_\_ UMFK \_\_\_ UMM \_\_\_ UMPI \_\_\_ USM \_\_\_

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

**Student ID:** \_\_\_\_\_

*7-digit MaineStreet ID or last 4-digits SSI*

**Date of Birth:** \_\_\_\_\_

Dates of Attendance:

From: ..... To .....

**List All Previous Names**

(maiden or change of name)

\_\_\_\_\_

Degree(s) Earned:

\_\_\_\_\_

\_\_\_\_\_

Check as Appropriate:

CURRENTLY ENROLLED

Hold for Current Semester

Spring

Summer

Fall

Hold until Degree Conferred

Hold for grade change

SEND IMMEDIATELY

**Do not write below this line**

\_\_\_ Total Official Transcripts

\_\_\_ To Addressee \_\_\_ To Student

Date Request Processed and Mailed

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