

TRANSCRIPT REQUEST FORM

REGISTRAR'S OFFICE
UNIVERSITY OF MAINE AT AUGUSTA
46 University Drive, Augusta, ME 04330
Fax: (207) 621-3116
Email: UMAAR@maine.edu

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.
If a student owes a past due balance, please connect with the Student Accounts Office at studentaccounts@maine.edu or (207) 621-3131. This communication is required prior to the release of the transcript.

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: _____