

TRANSCRIPT REQUEST FORM

Print form and either fax or mail to:
COLBY COLLEGE
OFFICE OF THE REGISTRAR
4620 MAYFLOWER HILL
WATERVILLE, ME 04901
PHONE: 207-859-4620 FAX: 207-859-4623

Date _____ Transcripts are free of charge. No. of Copies _____

Transcripts will not be issued for anyone whose financial obligations to Colby have not been met.

Although transfer credits may appear on a Colby transcript, they are official only on a transcript issued by the institution at which they were earned.

Requests will be processed as quickly as possible in the order of application. **Please allow two to four business days to process;** extra time may be necessary during peak periods (e.g., end of semester, registration).

PERSONAL INFORMATION: (PRINT)

Class Year or Soc. Date of
Dates of Attendance _____ Sec. # _____ Birth _____

Name _____ Telephone # _____

Name while attending if different from above _____

Street _____

City _____ State _____ Zip _____

Signature _____ Email _____

(You will be notified by email when transcript(s) have been sent.)

INSTRUCTIONS FOR THIS REQUEST:

Sealed and signed envelope(s) Deadline for this request: _____

PURPOSE OF TRANSCRIPT:

Scholarship/Fellowship Employment
 Graduate or professional school Other (specify) _____

Print complete name and address of recipient(s) below:

If extra space is needed please attach a separate sheet.