

**TRANSCRIPT REQUEST FORM**

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.

Transcripts delivered directly to the student will be stamped "Issued to Student."

Requests will be processed as quickly as possible in the order of application. **Please allow at least three working days before any deadline;** extra time may be necessary during peak periods (e.g., end of semester, registration).

**STUDENT INFORMATION: (PRINT)**

ID \_\_\_\_\_ Campus Box \_\_\_\_\_

Name \_\_\_\_\_ Class \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

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

Signature \_\_\_\_\_

**INSTRUCTIONS FOR THIS REQUEST:**

- Issue Now
- Hold for current semester grades
- Hold until degree is conferred
- Sealed and signed envelope(s)
- Deadline for this request \_\_\_\_\_
- Will pick up. Telephone \_\_\_\_\_

**DIRECTIONS FOR MAILING:**

Print complete name and address of the person or institution to receive this transcript.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PURPOSE OF TRANSCRIPT:**

- Graduate or professional school
- Employment
- Exchange program or foreign study
- Visiting at another institution
- Summer school
- Scholarship/Fellowship
- Transfer
- Other (specify) \_\_\_\_\_