

**TRANSCRIPT REQUEST FORM**

Print form and either fax or mail to:  
OFFICE OF THE REGISTRAR  
COLBY COLLEGE  
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 (please print):**

Class Year or Social Security # Date of  
Dates of Attendance \_\_\_\_\_ (optional) \_\_\_\_\_ Birth \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Name while attending, if different from above \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ 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) \_\_\_\_\_

**RECIPIENT INFORMATION (Choose one option):**

FAX (Unofficial): Name and Number \_\_\_\_\_  
\_\_\_\_\_  or MAILING ADDRESS:  
\_\_\_\_\_

or ELECTRONIC (Official): Name and Email \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_

If extra space is needed please attach a separate sheet.