TRANSSCRIPT REQUEST FORM
Print form and either mail, fax, or scan it to a PDF and email to:

OFFICE OF THE REGISTRAR
COLBY COLLEGE
4620 MAYFLOWER HILL
WATERVILLE, ME 04901
PHONE: 207-859-4620 FAX: 207-859-4623
registrar@colby.edu

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 at least three business days to process; extra time may be necessary during peak periods (e.g., end of semester, registration) and holidays.

PERSONAL INFORMATION (please print):

Class Year or Dates of Attendance ___________________________ Date of 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.

Rev 12/15