

**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 Social Security # Date of  
Dates of Attendance \_\_\_\_\_ (Optional) \_\_\_\_\_ 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
- Graduate or professional school
- Employment
- Other (specify) \_\_\_\_\_

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

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

If extra space is needed please attach a separate sheet.