TRANSCRIPT REQUEST FORM
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.

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) and holidays.

STUDENT INFORMATION: (Please print)
ID __________________________ Campus Box ____________
Name __________________________ Class ______
Street _____________________________ (Home address)
City __________________ State _____ Zip __________
Email ____________________________________ (Student will be notified by email when transcript(s) have been sent.)
Signature __________________________________

RECIPIENT INFORMATION (Choose one option):
☐ FAX (Unofficial): Name and Number

_____________________________________________________________________________

☐ OR ELECTRONIC (Official): Name and Email

_____________________________________________________________________________

☐ OR MAILING ADDRESS

_____________________________________________________________________________

☐ Will pick up. Telephone _______________

PURPOSE OF TRANSCRIPT:
☐ Graduate or professional school
☐ Employment
☐ Foreign study
☐ Visiting at another institution
☐ Summer school
☐ Scholarship/Fellowship
☐ Transfer
☐ Other (specify) __________________________

If extra space is needed, please attach a separate sheet.