

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 _____
(Home address)

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
- Foreign study
- Visiting at another institution
- Summer school
- Scholarship/Fellowship
- Transfer
- Other (specify) _____