

TRANSCRIPT 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
- Graduate or professional school
- Employment
- Other (specify) _____

RECIPIENT INFORMATION (Choose one option):

ELECTRONIC (Official): Name and Email _____

or MAILING ADDRESS: _____

or FAX (Unofficial): Name and Number _____

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