



TRANSCRIPT REQUEST FORM

Student ID# _____
Student Name _____
Former/Maiden Name _____
Current address _____

Daytime Phone _____ - _____
Email address: _____
Date of Birth _____ / _____ / _____
Dates of Attendance _____
SSN last four _____
Program attended _____
Degree earned __yes __no

Transcript requested: __ BFA __ MFA __ MAT/ART ED __ CS other _____

Reason for request: () Transferring to _____, () Scholarship, () Job Application, Other _____

Please check at least one: (maximum = 8 copies per month)

- () Pickup Number of copies: ____
- () Mail..(Indicate to whom and when below)

Addresses for Mailed Transcripts: Please include name of person or institution.

Please send (enter number) _____ official transcript(s) to the following address:

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() Mail now () after final grades () after degree posts

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Unofficial transcript Fax to _____ - _____ ATTN: _____

Special instructions: _____

STUDENT SIGNATURE: (required) _____ **DATE:** _____

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your signature is required to authorize the release of your transcripts.

Note: We require a 7 business day processing time

- Your transcript cannot be released if there is a hold against your account
- There is no charge for transcript requests
- Incomplete address may result in delay or failure of Post Office to deliver your transcript.

Address to mail transcript request to:

MAINE COLLEGE OF ART –TRANSCRIPTS
522 CONGRESS STREET, PORTLAND, ME 04101
FAX: 207-775-5087

In addition, you can download the Transcript Request Form, Scan and E-mail it back to jsmith@meca.edu

For Office Use Only: Pickup _____ Mailed _____ By _____ Date _____

