

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:

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

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

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

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
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Address to mail transcript request to:

MAINE COLLEGE OF ART & DESIGN –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 registrar@meca.edu

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

