



THE UNIVERSITY OF MAINE

Revised 2-15-13

OFFICE OF STUDENT RECORDS
5781 WINGATE HALL, ROOM 100
ORONO, ME 04469-5781
(207) 581-1290 — FAX (207) 561-3453
<http://studentrecords.umaine.edu>

INFORMATION ON ORDERING AN OFFICIAL TRANSCRIPT

The Family Educational Rights and Privacy Act of 1974 requires that all transcript requests be in writing, signed and dated by the person to whom the record belongs. Telephone requests CANNOT be accepted.

- You can assist us in giving speedy, accurate service by providing complete information on your request form.
- After signing and dating your request, send it to the address or fax number at the top of the request form.
- There is no fee for a transcript. **Requests for transcripts issued to the student are limited to 10 per request.**
- We are unable to fax official transcripts. If a copy of your transcript is being faxed, it will be an unofficial copy.
- The issuance of partial transcripts is strictly prohibited.
- University policy prohibits issuing transcripts to any student indebted to the University.
- Name Changes: To change the name on your academic record, you must present to the Office of Student Records a copy of your signed social security card showing your current name.

(please fill out information on reverse side)



Office of Student Records
5781 Wingate Hall, Room 100
Orono, ME 04469-5781
Phone: 207-581-1290
Fax: 207-561-3453
umrecord@maine.edu
<http://studentrecords.umaine.edu>

Please be sure to completely fill out this form to avoid any delay in processing.

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Allow 3-4 Business Days for Processing

STUDENT INFORMATION

MaineStreet Number: (if you do not have one, please provide SSN)	<input type="text"/>	Date of Birth:	<input type="text"/>	
Current Name:	<input type="text"/>			
	Last	First	Middle	
All Previous Last Names:	<input type="text"/>			
Years of Attendance at Orono:	From: <input type="text"/>	To:	<input type="text"/>	
Your Mailing Address:	<input type="text"/>			
City:	<input type="text"/>	State:	<input type="text"/>	
	Zip:	<input type="text"/>	Country:	<input type="text"/>
E-mail Address or Daytime Telephone:	<input type="text"/>			
Student's Signature:			Date:	<input type="text"/>

TRANSCRIPT PROCESSING INFORMATION

Send My Official Transcript:		
<input type="checkbox"/> Now		
<input type="checkbox"/> After My Degree Has Been Awarded		
Graduation Date: <input type="text"/> (month/year)		
<input type="checkbox"/> After Grades Are Posted For The Semester Indicated:		
<input type="radio"/> Fall	<input type="radio"/> Spring	<input type="radio"/> Summer

TRANSCRIPT MAILING ADDRESS

For additional addresses, please attach a list.
Student is Responsible for Correct and Complete Mailing Address

Please send ____ copies of my transcript to:
Name/Organization: _____
Address: _____

City/State/Zip: _____