

TRANSCRIPT REQUEST FORM

HOW TO SUBMIT

By Mail: 2 Fort Road, South Portland, ME 04106

By Fax: (207) 741-5760

By Email: PDF or JPEG format to registration@smccme.edu

- Please print or type all applicable information on this form. A SIGNATURE IS REQUIRED to authorize the release of your transcript.
- There is no fee for paper transcripts via USPS. Allow 5-7 business days for processing.
- SMCC will not be responsible for delays due to incomplete information.
- Transcripts are not sent if you have an outstanding financial obligation to the college over \$500 unless a payment plan is in place.

Please note: S	SMCC does <u>not</u> fax transcrip	ts for security reaso	ons.
Student Information			
Last Name	First Name		Middle Initial
Maiden/Other Name	Birth Date (mm/dd/yyyy)	Social S	Security Number (optional)
Current Mailing Address / Street Address	City	St	ate Zip Code
Current Cell Number	Home Phone (if different from cell) Student ID Number (if known)		nown)
Request Reason (choose one)			
 Job Application, Including Certification/License Transfer to Another College/University (TR) Application for Financial Aid, Scholarship, or Grand 	 Pursuit of O 	pportunity in Military or Nati ther Postsecondary Education e (PE)	
Student Signature (required for release of	f transcript - DO NOT TYPE - please pri	nt & sign OR use Adobe Acr	obat Reader sign/draw option) 🟡
X			
Appropriate for college/scholarship Applications. Sent by USPS only (or or p	official Student Copy ropriate for employment personal records. This will real "STUDENT COPY" stamp. Official Electronic Transcript (\$6.00) Requests for Official Electronic Transcripts are processed and fulfilled through Parchment.com. Please DO NOT USE THIS FORM to request an electronic transcript; instead visit the SMCC Storefront in Parchment to create an account, make a request, and submit payment for e-transcripts. E-Transcript are generally processed within 24 hours/one business day.		
Special Requests			
Cannot be delivered to a P.O. Box. Trai Delivery is by FedEx Standard in the Overnight Mail. Overnight 24 lt transcripts must be requested and the	nscripts are available currer the Registration Office business hours after HOLE	nt semester. for for confirmation	eorder of Diploma or Certificate* \$20.00) May take up to 6 months or printing and delivery. Name will be isplayed as recorded in our student dat ase at time of attendance.
Recipient 1 Address Information (if d	lifferent from student's address)		
Name of Recipient or Institution		Department / I	Person at Institution
Mailing Address / Street Address	City	Stat	e Zip Code
Recipient 2 Address Information			
Name of Recipient or Institution		Department /	Person at Institution
Mailing Address / Street Address	City	State	e Zip Code
tudents should make checks payable to SMCC or call the		Office Use Only	1
udent Accounts Office directly (207-741-5530) to make	Date Received:	_Date Released:	Released By: