



**Transcript Request Form**

Registrar's Office  
410-857-2755 (phone)  
410-857-2752 (fax)  
2 College Hill, Westminster, MD 21157

\_\_\_\_\_ # of official copies @ \$5.00 ea  
\_\_\_\_\_ one unofficial transcript (no charge)

**PLEASE NOTE:**  
**COLLEGE REGULATIONS DO NOT**  
**PERMIT THE ISSUING OF**  
**TRANSCRIPTS FOR ANY STUDENT**  
**WITH AN OUTSTANDING DEBT TO THE**  
**COLLEGE**

**STUDENT INFORMATION (PLEASE PRINT CLEARLY):**

NAME: \_\_\_\_\_ **STUDENT ID#** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ S.S. NUMBER: \_\_\_\_\_

\_\_\_\_\_ PHONE &/or Email \_\_\_\_\_

Currently enrolled:  Yes  No      Years of Attendance \_\_\_\_\_ through \_\_\_\_\_

Have you changed your name since your last registration  No  Yes

If yes, \_\_\_\_\_  
(former name or names)

**MAILING INSTRUCTIONS:** (Allow approximately 3-5 days processing time)

- (1) send immediately \_\_\_\_\_
- (2) send after current semester \_\_\_\_\_  
Fall \_\_, Jan \_\_, Spr \_\_, Sum \_\_ (year)
- (3) send after degree is posted \_\_\_\_\_  
May \_\_, Aug \_\_, Dec \_\_ (year)
- (4) send after certification is posted \_\_\_\_\_  
May \_\_, Aug \_\_, Dec \_\_ (year)

**\*\*Currently or Previously Enrolled in:**  
Undergraduate Courses (Bachelor) \_\_\_\_\_  
Graduate Courses (Masters) \_\_\_\_\_  
Or Both \_\_\_\_\_

**PLEASE PRINT CLEARLY:**

Send transcript to:

<b>FOR OFFICE USE ONLY</b>
\$: _____
_____
_____

Company & \_\_\_\_\_  
Or Name: \_\_\_\_\_

Attn: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_  
(MasterCard, Visa, Discover)

EXPIRATION DATE \_\_\_\_\_

**STUDENT S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_