



College of the Atlantic

TRANSCRIPT REQUEST FORM

Student Information (Please Print):

NAME: _____ SOCIAL SECURITY #: _____

Name when you attended (if different): _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY/STATE/ZIP _____

EMAIL: _____ PHONE: _____

Please Process My Request (Please check one):

Standard (7-10 days to process) Postmarked By: _____

After final grades are posted for current semester

After degree is recorded

Purpose of Transcript:

Transfer

Employment

Other _____

Graduate or Professional School

Study Abroad

Send Transcript to:

Send to me at above address _____ transcripts (single page) _____ transcripts with evaluations

I will pick up: _____ transcripts (single page) _____ transcripts with evaluations

Send to the following address(es)/fax number:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ (#) full transcript(s) _____ (#) single page

_____ (#) full transcript(s) _____ (#) single page

Fees:

_____ # Transcripts with evaluations \$ _____

(\$10 first copy, \$5 each add'l copy)

_____ # Transcripts (single page) \$ _____

(\$5 first copy, \$2 each add'l copy)

TOTAL \$ _____

Deliver, mail or fax request to:

Registrar

College of the Atlantic

105 Eden St.

Bar Harbor, ME 04609

Fax: (207) 288-2947

Cash

Check enclosed

Pay with MC/Visa# _____ Expiration Month ____/Year _____

3 Digit Code on Back of Card _____

STUDENT SIGNATURE: _____ **DATE:** _____

(required)

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. Requests cannot be made by phone or email. Transcripts will not be issued for anyone with outstanding financial obligations to COA.

OFFICIAL USE ONLY

Amount Received: _____ Date Sent: _____

Business Office Authorization: _____

Library Authorization: _____