



# College of the Atlantic

## TRANSCRIPT REQUEST FORM

OFFICIAL USE ONLY	
Date Rec'd:	_____
Date Sent:	_____
Bus Off Authorization:	_____
Library Authorization:	_____

**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  
 Graduate or Professional School  Study Abroad  Other \_\_\_\_\_

**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)  
 \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

**Deliver, mail, fax or email request to:**

Registrar, College of the Atlantic  
 105 Eden St.  
 Bar Harbor, ME 04609  
 Fax: (207) 288-2947  
 Registrar@coa.edu

**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.**

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 (required)

Cash  
 Check enclosed  
 Pay with MC/Visa# \_\_\_\_\_ Expiration Month \_\_\_\_/Year \_\_\_\_\_

Cardholder name: \_\_\_\_\_ Security Code: \_\_\_\_\_