



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.
- There is no fee for transcripts. 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 for any reason.**

Please note: SMCC does not fax transcripts for security reasons.

Student Information			
Last Name	First Name	Middle Initial	
Maiden/Other Name	Birth Date (mm/dd/yyyy)	Social Security Number (optional)	
Current Mailing Address / Street Address	City	State	Zip Code
Current Cell Number	Home Phone (if different from cell)	Student ID Number (if known)	

Student Signature (required for release of transcript -- typed/font signatures are not acceptable)
X

Transcript Options (select all that apply)

- Official sealed transcript**
Appropriate for college/scholarship applications. Sent by USPS only (or FedEx if rush option is selected). Please fill out address information below if applicable.
- Unofficial Student Copy**
Appropriate for employment or personal records. This will bear a "STUDENT COPY" stamp.
- PDF by E-Mail**
*PDF copies of transcripts are unofficial copies **only**. Please list the email address where we should send the transcript:* _____

Special Requests

- RUSH / Overnight Mail* (\$25.00)**
Cannot be delivered to a P.O. Box. You may either pick up the transcript or have it sent via overnight mail. Rush transcripts must be requested and paid for by 2 p.m.
- Pick-Up**
Transcripts are available in the Registration Office 24 business hours after the request. Photo ID required for pick up.
- HOLD for final grades of current semester.**
- HOLD for confirmation of academic degree.**
- Reorder of Diploma or Certificate* (\$20.00)**
May take up to 6 months for printing and delivery. Name will be displayed as recorded in our student database at time of attendance.

Recipient 1 Address Information (if different from student's address)

Name of Recipient or Institution	Department / Person at Institution		
Mailing Address / Street Address	City	State	Zip Code

Recipient 2 Address Information

Name of Recipient or Institution	Department / Person at Institution		
Mailing Address / Street Address	City	State	Zip Code

*Students should make checks payable to SMCC or call the Billing Office directly (207-741-5530) to make payment over the phone with credit or debit cards.

Office Use Only		
Date Received: _____	Date Released: _____	Released By: _____