

OFFICIAL TRANSCRIPT RELEASE POLICY

- The University of New England cannot release official transcripts without the student's **written** permission.
- Due to production demands, requests for transcripts cannot be processed on demand. There is a **5-7 business** day turn-around time.
- All transcripts sent directly to the student will be stamped with "Issued to Student."
- E-Transcripts can be requested online 24/7 through the National Student Clearinghouse at www.getmytranscript.org/.

STUDENT INFORMATION
First Name: _____ **Last Name:** _____ **Maiden Name:** _____

Date of Birth: ____/____/____ **PRN or SSN #:** _____ **Phone Number:** _____

Email Address: _____ **Approximate Dates of Attendance:** _____

SECTION I: REQUEST REASON (please check one)

- Job Application/Certification/Licensure
 Application for Financial Aid/Scholarship/Grant
 Personal Use
 Transfer to another University
 Pursuit of other Postsecondary Educational Opportunities
 Military Reasons

SECTION II: TRANSCRIPT REQUEST (please check one)

- Process Transcript Request Immediately (mailed within 5-7 business days)
 Hold for current term grades to be posted. **Please indicate last day of class:** _____
 Mail after degree date posted. **Please indicate expected graduation date:** _____
 Pick up after 5-7 business days at Registrar's Office*. **Please indicate campus pick-up:** Biddeford Portland

*Please note: Student must present photo ID at the time of pick-up. Only students can pick up transcripts (unless otherwise stated in a written request).

SECTION III: RECIPIENT INFORMATION
RECIPIENT ONE
Number of Copies Requested: _____ (maximum of 3 copies per request)

NAME OF RECIPIENT/INSTITUTION		DEPARTMENT/PERSON	
STREET ADDRESS	CITY	STATE	ZIP CODE

RECIPIENT TWO
Number of Copies Requested: _____ (maximum of 3 copies per request)

NAME OF RECIPIENT/INSTITUTION		DEPARTMENT/PERSON	
STREET ADDRESS	CITY	STATE	ZIP CODE

SECTION IV: TRANSCRIPT RELEASE APPROVAL (Font signature NOT accepted)

Student Signature: _____ **Date:** _____