



Request for Official Transcript of Records Records Office

1601 Washington Road, Westminster, MD 21157
(410) 386-8440 Fax (410) 386-8446
Toll Free 1-888-221-9748

Student ID Number: _____

Date of Birth: _____

Name: _____

Former Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Please check here, if you attended prior to 1993.

Please check (✓) ONE:

- Mail official transcript to student at above address.
- Student will pick up official transcript (photo ID required).*
- Mail official transcript directly to:

Department: _____

Please check (✓) ONE:

- Process now.
- Hold for this term's final grades. Term: _____
- Hold for posting of degree.

\$2 Fee per copy

Number of copies: _____

(All copies must be for the same address.)

I authorize the release of my transcript to the recipient indicated above. I understand that my transcript will not be released if I have an outstanding debt to the College.

Signature

Date

* I am unable to pick up my transcript personally. I give permission for _____
to pick up my transcript (photo ID required). (state full name)

Type of card: VISA MASTERCARD DISCOVER Note: Your CIS# is the last three digits in the signature box on the back of your credit card

Credit Card Number _____ CIS# (required) _____

Cardholder's Name _____ Credit Card Expiration Date _____

Cardholder's Billing Address (required) _____

Cardholder's Signature _____ Date _____

For Office Use Only:

Business Office
Initials/Amount Paid/Date: _____

Records Office
Initials/Date Released: _____