

**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.
- Official transcripts are issued to students that have met all of the University's financial obligations.
- All transcripts sent directly to student will be stamped with "Issued to Student".
- E-Transcripts are available to request online 24/7 through the National Student Clearinghouse at [www.getmytranscript.org/](http://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 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:** \_\_\_\_\_