

TRANSCRIPT REQUEST

Name _____ ID# _____

Address _____ SSN _____

Phone # _____

Please check all that apply and sign:

Current Student

Hold transcript for end of semester grades

Former Student or Graduate (If so, and applicable):

Date of Last Attendance ____/____/____

Former Name: _____

Signature _____ Date _____

Send directly to college, university, employer, etc.: (Provide address below)

____ 1 _____ Number of *unofficial* copies

_____ Number of *official* copies

Hold for pick -up by student/former student: (Available next day after 12:00 noon)

_____ Number of *unofficial* copies

_____ Number of *official* copies*

**Official copies can not be faxed and will be in a sealed envelope.*

Please Note:

- Each address must have a separate request.
- Normal processing time for official transcripts is two business days.
- Additional time must be allowed for requests of 5 or more transcripts, or requests made during peak processing times such as registration and grade processing.
- Transcripts will not be available for those who have outstanding financial obligations to the College.
- This form will be used in a window envelope and therefore, you are responsible for correct and legible information.

PLEASE FORWARD TRANSCRIPT TO:

International Education Office
SMCM, Anne Arundel 100
18952 E. Fisher Road
St. Mary's City, MD 20686

For Office Use Only:

Date Sent: _____

By: _____