



THE UNIVERSITY OF MAINE

OFFICE OF STUDENT RECORDS
5781 WINGATE HALL, ROOM 213
ORONO, ME 04469-5781
(207) 581-1290 — FAX (207) 581-1314
<http://studentrecords.umaine.edu>

INFORMATION ON ORDERING AN OFFICIAL TRANSCRIPT

The Family Educational Rights and Privacy Act of 1974 requires that all transcript requests be in writing, signed and dated by the person to whom the record belongs. Telephone requests CANNOT be accepted.

- You can assist us in giving speedy, accurate service by providing complete information on your request form.
- After signing and dating your request, send it to the address or fax number at the top of the request form.
- There is no fee for a transcript. Requests for transcripts issued to the student are limited to 10 per request.
- We are unable to fax official transcripts. If a copy of your transcript is being faxed, it will be an unofficial copy.
- The issuance of partial transcripts is strictly prohibited.
- University policy prohibits issuing transcripts to any student indebted to the University.
- Name Changes: To change the name on your academic record, you must present to the Office of Student Records a copy of your signed social security card showing your current name.



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Office of Student Records
5781 Wingate Hall, Room 213
Orono, ME 04469
Phone: 207-581-1290
Fax: 207-581-1314
umrecord@maine.edu
<http://studentrecords.umaine.edu>

Please be sure to completely fill out this form to avoid any delay in processing. Allow 3-4 business days for processing.

Student Information

MaineStreet ID: _____

Date of Birth: _____

If you do not have one please provide SSN

Current name: _____
Last First Middle

Previous Last Names: _____

Years of Attendance at Orono: From: _____ To: _____

Your Mailing Address: _____

City State ZIP Code Country

E-mail Address: _____

Student Signature: _____ Date: _____

Transcript Processing Information

Send My Official Transcript:

☐ Now

☐ After My Degree Has Been Awarded

☐ After Grades are Posted for the following Semester:

☐

Fall

☐

Spring

☐

Summer

Delivery Method:

☐ USPS Mail

Number of Copies

Recipient Name: _____

Street Address: _____

City/State/ZIP: _____