

TRANSCRIPT REQUEST FORM

Date \_\_\_\_\_

Number of copies \_\_\_\_\_  
 Official     Unofficial

Soc. Sec. Number \_\_\_\_\_

Birth date \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

Registrar's Office  
Bangor Theological Seminary  
Two College Circle | PO Box 411  
Bangor, ME 04402-0411

Please print your name, mailing address and phone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In accord with the Family Education Rights and Privacy Act of 1974,  
I authorize release of the above records.

\_\_\_\_\_  
Student's Signature (No transcript will be sent without a signature.)

Please enter below the person, concern, or institution to which  
the transcript is to be sent. Requestor is responsible for correct  
mailingaddress. Please use a separate form for each distinct addressee.  
Copies mailed to students will say "Issued directly to student".

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Currently enrolled  
 Mail now     Pick up date \_\_\_\_\_  
Hold for current semester grades  
 Fall  
 Spring  
 Hold until degree conferred

Requests should be made at least two weeks before the transcript is needed.

Transcripts are issued only if the requestor has no unpaid balances on their Seminary accounts or no overdue balances on loan accounts.

The Seminary cannot release copies of official transcripts on file from other institutions.

*Office Use Only*

Business Office OK \_\_\_\_\_  
Date Sent \_\_\_\_\_  
Number of copies \_\_\_\_\_  
 Official    or     Unofficial

By \_\_\_\_\_