# Transcript Request Form

School of Education, Registrar’s Office, 6740 Alexander Bell Drive, Ste 110, Columbia, MD 21046-2100 Phone: 410-516-9816

(Please print clearly)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Names Previously Used</td>
<td>SSN</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Day Telephone</td>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Dates of Attendance</td>
<td>Degree</td>
<td>Major</td>
</tr>
</tbody>
</table>

## INSTRUCTIONS
- Use a separate request for each address to which transcripts are to be sent.
- Submit copies of two (2) forms of identification (e.g. driver’s license, library card).
- There is NO charge for transcripts requested for normal processing time up to 5 copies.
- Orders for more than 5 copies will be $5.00 each.
- Transcripts are normally processed within 1-3 business days.
- We do NOT accept requests by fax, phone or email.
- Requests will not be processed for any student with outstanding financial obligations to the University.

### Please check one:
- Normal Processing time (see above)
- Hold for in-person pick-up (normal processing time applies)
- *Same day request and pick-up ($10 charge per transcript)
- *Special Delivery (FedEx)

### Special Requests (Check all that apply):
- Indicate term: □ Sum □ Fall □ Spring
- Hold for degree completion statement
- Hold for teacher certification
- Hold for term grade, _______ term
- Hold for grade change, course#________________
- Other___________________________

### Number of Copies Requested: ________

### Pick-up Information: _____________________________________________

### Mailing Address (send to): _______________________________________

____________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

### Signature: ________________________________________________

Date: ______________

*(Request will not be processed without a signature)*

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### *Payment Section for Special Delivery and Same Day Request*

**NOTE:** FedEx delivery must be paid by credit card; Same Day requests/pick-up may be paid by cash, check or credit card.

<table>
<thead>
<tr>
<th>Method of Payment:</th>
<th>Cash/Amount</th>
<th>Check/Amount</th>
<th>Credit Card/Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARDHOLDER’S NAME (Please Print)</td>
<td>CARDHOLDER’S SIGNATURE</td>
<td>CARDHOLDER’S ZIP CODE</td>
<td></td>
</tr>
<tr>
<td>CREDIT CARD NUMBER</td>
<td>CARD VERIFICATION CODE*</td>
<td>EXPIRATION DATE</td>
<td></td>
</tr>
</tbody>
</table>

*The card verification code is a 3 digit code found on the back of the credit card (usually in or near the signature strip). The code is required as a security feature for the cardholder.*

8/2018