Transcript Request Form

Unity College
90 Quaker Hill Road
Unity, ME 04988
Phone: (207) 509-7219
Fax: (207) 512-1208
Email: registrarsoffice@unity.edu

There is no charge for two or fewer transcripts. If you order more than two you will be charged $2 for each additional copy. No partial transcripts will be issued. Transcripts will not be released to anyone except the student, unless appropriately requested in writing by the student. College policy prohibits issuing transcripts to any student indebted to the college.

SSN: _____-_____-_____ Date of Birth: _____

Name: _____
Last First Middle

Maiden Name (or any other used) _____

Your current mailing address: _____
_____
_____

Daytime phone: (____)_____

Number of transcripts requested: _____Official_____Unofficial

☐Send now ☐Pick up ☐Hold for current semester grades

Send transcript(s) to: (For multiple addresses, please attach list and indicate number of transcripts to be sent to each address). Applicant is responsible for current mailing address. Incomplete information may result in processing delays.

School/Office: _____

Address: _____

City, State, Zip_____

Purpose of transcript request:
_____

_____

Student's Signature: _____Date: _____