TRANSCRIPT REQUEST FORM

Please print your name and current address below:

___________________________________________________________
___________________________________________________________
___________________________________________________________

Dates of Attendance or Graduation Date:______________________

Date of Birth: _______________

Name at time of enrollment: _________________________________

Send Immediately ______ or Hold for Current Semester Grades__________

Please print below the person / institution to which transcript is to be sent. A complete mailing address is required. A separate form is required for each addressee.

___________________________________________________________
___________________________________________________________
___________________________________________________________

Handwritten Signature Required ___________________ Date __________

Form must be signed in your own handwriting. Submit completed form by fax to 207-795-2849, or scan the form and attach it to an email to jacqueka@cmhc.org, or mail to Registrar – MCHP, 70 Middle Street, Lewiston, ME 04240.