



OFFICIAL TRANSCRIPT REQUEST FORM

Enrollment Services-York County Community College
112 College Drive • Wells, ME 04090 • www.yccc.edu • (207) 646-9282

Student ID # or SSN: _____ Date Birth: _____

Name: _____

Last *First* *Mid.* *Any other name(s) used*

Address: _____

City: _____ State: _____ Zip: _____

Student Signature: _____ **Date:** _____
(*Required*)

Are you a member of Phi Theta Kappa? ___ Yes ___ No

I am requesting:

- Unofficial Transcript (no cost)
- Official Transcript (\$5.00 charge, processed within 7 days)
- Official Transcript Rush - *Will NOT be processed without the Enrollment Services Department approval (cannot be requested by mail or fax) (\$10.00 charge, processed within 24 hours) Accepted by:* _____
- Please fax my unofficial transcript: Fax # _____ - _____ - _____

Payment Information:

- Cash Check Visa MasterCard Discover

Credit Card# _____ Exp. Date _____

SEND TRANSCRIPT(S) TO: (For multiple addresses please attach list and indicate number of transcripts to be sent to each address, Include institution and department. A transcript will **Not** be sent if name, address, city, state, and zip code are incomplete or of correct payment is not recieved.)

School/Office: _____

Street: _____

City: _____ State: _____ Zip: _____

Please check one:

Transcript to be sent now ___ Transcript to be held until end of semester ___

*It is the Students responsibility to complete this form. Form will not be processed if incomplete.