



TRANSCRIPT REQUEST FORM

Date of Request _____

Full Name _____
First Middle Last

All former names _____

Student ID# _____

Last 4-digits of SSN _____

Date of Birth (MM/DD/YYYY) _____

Current Mailing Address:

Day Phone # (____) _____ Ext _____

Eve Phone # (____) _____ Ext _____

Cell Phone # (____) _____ Ext _____

E-mail address _____

Student Signature _____

(Legal signature required by PL93-380 Buckley Amendment, The Family Education Rights and Privacy Act of 1974.)

**By signing, I also authorize CSM to update my name, address, e-mail, and phone numbers in the data system.*

Policy on E-mailing and Faxing transcripts:

The college does not e-mail any transcripts due to security concerns.

We strongly prefer not to fax transcripts due to concerns with security. Only on rare occasion will we fax them for an emergency. If you request a transcript faxed, your signature on this page indicates that you are aware that faxing the material is not completely secure and that third parties could potentially gain access to your information during or after the send and that CSM is not responsible for any breach of information or identity theft.

PLEASE NOTE

FOR STUDENTS WHO ATTENDED 1958 – 1983 PLEASE COMPLETE THIS AREA

Most classes taken before Fall 1983 with Charles County Community College are on microfilm and we require at least a 6 week turnaround time to process. To help us locate your records more easily, **it is very important to provide the following information as accurately as possible.**

First Term of attendance _____
(e.g. Fall 1976)

Last Term of attendance _____
(e.g. Spring 1978)

Approximately how many credits did you complete? _____

Did you graduate with a certificate and/or a degree? If so, what were they and what were the graduation dates?

Did you attend Piney Point or Harry Lundburg School of Seamanship? (if not sure, check "No") Yes _____ No _____

Hold for current term grades? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

Type of transcript requested: <input type="checkbox"/> UG Undergraduate (credit classes) <input type="checkbox"/> CF Continuing Education (non-credit classes)
--

PLEASE SEND OFFICIAL TRANSCRIPT(S) TO THE FOLLOWING LOCATION(S):

(please write legibly, provide # of copies needed, and provide complete addresses)

SEND _____ OFFICIAL COPIES TO:

SEND _____ OFFICIAL COPIES TO:

SEND _____ OFFICIAL COPIES TO:

*If more than three locations needed, please provide a second request form. All forms submitted must be completed in full.

Mail to: College of Southern Maryland, Registrar's Office (REG) Attn: Transcript Requests, P.O. Box 910, La Plata, MD 20646-0910
or you may Fax to: 301-934-7698

Please send each form only once by fax or mail. Sending the same request multiple times increases workload and delays processing time.