

REQUEST FOR ACADEMIC TRANSCRIPT

REGISTRAR'S OFFICE · THOMAS COLLEGE

180 West River Road Waterville, ME 04901 207-859-1108

FAX 207-859-1115 Attn. SFS/Registrar Asst. OR email: regasst@thomas.edu

All transcripts submitted with this form (official or student copy) **cost \$8.00 each**. Payment can be in the form of check, cash or credit card. Credit card payments should be made online at:

<https://www3.thomas.edu/secure/>

Please plan on 5 to 7 business days for transcript processing.

FIRST NAME: _____	LAST NAME: _____		
PREVIOUS NAME(S): _____			
STUDENT ID NO or SSN: _____	DOB: _____		
ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____	
TELEPHONE: _____	E-MAIL: _____		
CURRENTLY ATTENDING?			
IF YES:	DAY _____	CED _____	GRAD _____
IF NO:	DATES ATTENDED: _____		
IS THIS FOR THE <u>COMMON APPLICATION</u> ? _____ YES _____ NO			
HOLD FOR CURRENT SEMESTER GRADES OR ISSUE NOW (circle one)			

MAIL TO: NAME: _____		
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
ORGANIZATION: _____		
# of STUDENT COPIES: _____	# of OFFICIAL COPIES: _____	

I hereby authorize the Registrar of Thomas College to issue a copy of my transcript to the individual or organization listed above. I also understand that transcripts will not be released if financial obligations to the college or to my educational loan programs have not been met. Furthermore, my signature acknowledges that transcript processing can take up to 7 business days.	
Signature: _____	Date: _____