



Kennebec Valley Community College
92 Western Avenue, Fairfield, Maine 04937
(207) 453-5000 Fax (207) 453-5010

REQUEST FOR ACADEMIC TRANSCRIPT

Student Name and Address:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Other Names Studied Under (Maiden, etc.)
\_\_\_\_\_

Telephone #: \_\_\_\_\_

I authorize the release of my transcript to the address indicated below:

SSN# or ID#: \_\_\_\_\_

YOU MUST PROVIDE A COMPLETE ADDRESS

Currently Attending: Yes \_\_\_ No \_\_\_
(Kennebec Valley Community College)

Did you graduate? Yes \_\_\_ No \_\_\_

Name of Program: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Official Copy \_\_\_ Student Copy \_\_\_

Transcripts released to students/former students will be stamped "STUDENT'S COPY."
OFFICIAL transcripts will only be released or mailed in sealed envelopes.

All transcript requests must be made in writing.

Transcript Fee is \$3.00 for each transcript requested and must accompany request.

ALL SAME DAY OR FAXED transcripts will cost \$10.00.

Student Signature

Date

OFFICIAL USE ONLY

Date Request Received \_\_\_\_\_

Date Request Filled \_\_\_\_\_

Comments \_\_\_\_\_