

**TRANSCRIPT REQUEST FORM**

York County Community College Enrollment Services 112 College Drive Wells, ME 04090
 (207) 646-9282 • www.yccc.edu • Fax: (207) 641-0837 • enrollmentservices@yccc.edu

Student ID # or SSN: _____ Date Birth: _____

Name: _____

Last First Mi Any other name(s) used during attendance

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Student Signature: _____ **Date:** _____

(*Required*)

I am requesting:

- Unofficial Transcript (no cost, transcript will be processed within 3-5 days)
- Official Transcript (\$5.00 charge, transcript processed within 3-5 days)
- Official Transcript Rush (\$10.00 charge, **processed** within 24 hours – transcript processed and put it in the mail; this is **not** overnight delivery)
Rush transcript requests cannot be processed on weekends, holidays or other days when the college may be closed. All transcript requests that are received while the campus is closed will be processed on the next possible business day. Students who wish to submit a rush transcript request after 10:00 a.m. should contact Enrollment Services for approval to ensure that the request can be processed before the final mail delivery of the day.

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 correct payment is not received.**

School/Office: _____

Street: _____

City: _____ State: _____ Zip: _____

Please check one: Transcript to be sent now ____ Transcript to be held until end of semester ____

Check here if you are graduating, and want to transcript sent once it is coded to reflect your degree earned and graduation date.

Processed by _____ Date _____