



## Office of Student Records

University of Maine at Presque Isle  
122 Preble Hall, 181 Main Street  
Presque Isle, ME 04769-2888  
(207) 768-9540 (voice) -- (207) 768-9458 (fax)  
Email [umpireg@maine.edu](mailto:umpireg@maine.edu)

<https://www.umpi.edu/offices/student-records/>

## INFORMATION FOR ORDERING AN OFFICIAL TRANSCRIPT

The Family Educational Rights and Privacy Act of 1974 requires that all transcript requests be in writing, signed and dated by the person to whom the record belongs. Telephone requests **CANNOT** be accepted.

- You can assist us in giving speedy, accurate service by providing complete information on your request form.
- After signing and dating your request, please email it to [umpireg@maine.edu](mailto:umpireg@maine.edu).
- There is no fee for a transcript. Requests for transcripts issued to the student are limited to 10 per request. The Office of Student Records reserves the right to limit unreasonable requests.
- Any transcript released to you will be stamped as "Issued to Student."
- We are unable to fax official transcripts. If a copy of your transcript is being faxed, it will be an unofficial copy.
- The issuance of partial transcripts is strictly prohibited.
- University policy prohibits issuing transcripts to any student indebted to the University.

**Please be sure to completely fill out this form to avoid any delay in processing.**  
***Allow 3-5 Business Days for Processing***

**STUDENT INFORMATION**

MaineStreet ID# _____ <b>OR</b> SSN/SIN# _____	Date of Birth: _____
Current Name: _____	
Last	First
Middle	
All Previous Last Names: _____	
Years of Attendance at UMPI: From: _____	To: _____
Your Mailing Address: _____	
City: _____	State: _____ Zip: _____
E-mail address: _____	Daytime Phone Number: _____
Student's Signature: _____	Date: _____

**TRANSCRIPT MAILING ADDRESS**

**(This section must be completed even if mailing transcript to address provided above. Failure to provide an address will result in delayed processing.)**

**For additional addresses, please attach a list.**

*Student is Responsible for Correct and Complete Mailing Address*

**Please send \_\_\_\_\_ copies of my transcripts to:**

Name/Organization: _____
Attn:/Dept: _____
Address: _____
City: _____ State: _____ Zip: _____

**TRANSCRIPT PROCESSING INFORMATION**

Send My Official Transcript:

- Now  Deadline (date needed by): \_\_\_\_\_
- After My Degree Has Been Awarded. Graduation Date: \_\_\_\_\_ (month/year)
- After Grades are Posted for the Semester Indicated:  Fall  Spring  Summer
- Release to: \_\_\_\_\_ on \_\_\_\_\_ (date)

**OFFICE USE ONLY**

Record Verified: _____	Initials: _____	Transcript Processed on: _____ (date)
Holds: <input type="checkbox"/> Bursar	<input type="checkbox"/> Loan	Letter or E-mail Sent: _____