



Larry Hogan
Governor

Boyd K. Rutherford
Lt. Governor

Ian D. MacFarlane
Chair

James D. Fielder, Jr., Ph. D.
Secretary

TRANSCRIPT REQUEST FORM

This form should be used if you attended a now-***closed*** Maryland postsecondary school.

PLEASE BE ADVISED:

- EVEN THOUGH YOU ATTENDED THE SCHOOL BELOW, WE MAY **NOT** HAVE A COPY OF YOUR RECORD(S). SHOULD THIS BE THE CASE, WE WILL NOTIFY YOU ACCORDINGLY.
- FOR THIRD PARTY REQUESTS, PLEASE ATTACH A SIGNED RELEASE FROM THE STUDENT.
- TRANSCRIPT REQUESTS WILL BE PROCESSED WITHIN 20 BUSINESS DAYS OF RECEIPT.
- FAILING TO INCLUDE **ALL** REQUIRED INFORMATION WILL CAUSE A DELAY IN PROCESSING YOUR TRANSCRIPT.
- IF YOU HAVE QUESTIONS, YOU MAY CALL 410-767-3403 OR 800-974-0203, EXT. 73403 OR EMAIL - pcstranscripts.mhec@maryland.gov.

<u>NAME OF MARYLAND PRIVATE CAREER SCHOOL OR COLLEGE YOU ATTENDED</u>	
Name:	Location (MD city):
Dates Attended:	Program Enrolled in:

<u>STUDENT INFORMATION</u>			
Last Name:	First Name:	MI:	
<i>Current</i> Address			
Street:	City:	State:	Zip:
Phone Number:		Email Address:	
Social Security Number:			Date of Birth:
<i>Did you use a DIFFERENT NAME When Enrolled at the School? If so, complete below.</i>			
Last:	First:	MI:	

<u>WOULD YOU (THE STUDENT) LIKE AN OFFICIAL COPY MAILED TO A SCHOOL OR BUSINESS?</u> <i>Provide the complete address of the school or business below.</i>			
Name of Person:			
Name of School or Business:			
Street:	City:	State:	Zip:
Number of official transcripts to be mailed to this school or business: _____			

<u>NUMBER OF UNOFFICIAL COPIES REQUESTED (TO BE SENT TO STUDENT), IF ANY?</u> _____ <i>official copies of transcripts cannot be sent to a student.</i>
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<i>Transcripts <u>cannot</u> be released without student's signature.</i>	
_____ Student Signature	_____ Date

Mail completed form to:
Maryland Higher Education Commission
Attention: Transcript Request
6 N. Liberty Street, 10th Floor
Baltimore, MD 21201

OR

Email completed form to:
pcstranscripts.mhec@maryland.gov