



Larry Hogan
Governor

Boyd K. Rutherford
Lt. Governor

Anwer Hasan
Chairperson

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

TRANSCRIPT REQUEST FORM

Please use this form to request a transcript from a **closed** Maryland postsecondary school.

PLEASE ALLOW 20 BUSINESS DAYS FOR PROCESSING. WALK-INS ARE NOT ACCEPTED.

- THERE IS **NO CHARGE** FOR TRANSCRIPTS.
 - Please print clearly or type.
- 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.

WHICH CLOSED MARYLAND PRIVATE CAREER SCHOOL OR COLLEGE DID YOU ATTEND?

Name:	Location (MD city):
Dates Attended:	Program Enrolled in:

STUDENT INFORMATION

Last Name:	First Name:	MI:
Current 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:

WOULD YOU (THE STUDENT) LIKE AN UNOFFICIAL* COPY?

YES <input type="checkbox"/> NO <input type="checkbox"/> If "yes", how many? _____ <i>*Official copies of transcripts cannot be sent to a student.</i>

WOULD YOU (THE STUDENT) LIKE AN OFFICIAL COPY MAILED TO A SCHOOL OR BUSINESS?

*Provide the **complete** address of the school or business below.*

Name of Person:
Name of School or Business:
Street: City: State: Zip:
Number of official transcripts to be mailed to this school or business: _____

Transcripts <u>cannot</u> be released without student's signature.	
_____ Student Signature	_____ Date

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

-- OR --

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