



Registrar's Office
70 Farm View Drive, Suite 200
New Gloucester, ME 04260
Phone: (207) 509-7257
Fax: (207) 512-1208
registrarsoffice@unity.edu

TRANSCRIPT REQUEST FORM

There is no charge for mailed transcripts. No partial transcripts will be issued. Transcripts will not be released without the student's expressed written consent. University policy prohibits issuing transcripts to any student indebted to the university.

Unity College ID #: 000000 _____ **or** Last 4 Digits SSN: XXX-XX-_____

Name: _____
Last First Middle

List any previous name(s): _____

Your current mailing address: _____

Primary Phone: (____) ____-____ Email address: _____

Number of official transcripts requested: ____

Send now

Hold for current term grades

Hold for Degree

Send transcript(s) to:

For multiple addresses, please use a separate form for each address. Applicant is responsible for current mailing address. Incomplete information may result in processing delays.

Name/Organization: _____

ATTN/Department: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

Country (if outside US): _____

Student's Signature: _____ Date: _____