

Transcript Request Form

Registrar's Office, Colby-Sawyer College
541 Main Street, New London, NH 03257
Telephone: (603)526-3673, Fax: (603)526-3115

You may request up to 10 free transcripts per semester. There will be a \$5.00 charge for all additional transcripts. Transcripts will only be released if the student has financial clearance. You can submit this request to the address or fax number indicated above, or scan and email it to registrar@colby-sawyer.edu. Depending on the Academic Calendar, normal processing time is three to five business days after request receipt.

OFFICIAL TRANSCRIPTS MAY NOT BE FAXED.

Name and Address: (Please print clearly)

_____ Number of Transcripts

Please check if NEW address

Maiden/Former name/s: _____ Date of Birth: _____
Email address: _____ Daytime Telephone() _____ - _____
Currently Enrolled? Yes No - Last Date of Attendance _____
(Please circle)

NOTE: Your transcripts will be sent to the address indicated on the lower portion of this form. Please write legibly and complete one form for each recipient.

Student's Legal Signature: _____ Date: ____/____/_____
(Required for Release. E-signatures not accepted.)

FOR COLLEGE USE ONLY: Date Sent ____/____/_____ By: _____

Mail To:

FROM: _____

PLEASE PRINT YOUR NAME HERE

