

Official Transcript Request Form

The University of New England | Office of the Registrar 11 Hills Beach Road (Decary Hall, 114) Biddeford, ME 04005 Phone: (207) 602-2473 | Fax: (207) 602-5927 | UNERegistrar@une.edu

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STREET ADDRESS

First Name: ______ Last Name: ______ Maiden Name: ______ grades to be

Mail after degree date posted. Ple

Pick up after 5-7 business days a

ZIP CODE

*Please note: Student must present photo ID at the time of pick-up. Only students can pick up transcripts (unless otherwise stated in a written request).

 RECIPIENT ONE
 Number of Copies Requested: ______ (maximum of 3 copies per request)

 NAME OF RECIPIENT/INSTITUTION
 DEPARTMENT/PERSON

CITY

Email completed forms to UNERegistrar@une.edu or Fax to (207) 602-5927 E-Transcripts: <u>getmytranscript.org</u> Revised July 11, 2024