



CIEE Transcript Request Form

To order a copy of your CIEE transcripts, this form must be completed with the student/participant's signature, and full payment must accompany the request. Transcript requests will not be fulfilled for any alumni who still have outstanding account balances with CIEE. Incomplete forms will not be processed.

Complete this form and mail or fax with payment to:	Participant's Information (please complete all sections & PRINT LEGIBLY):	
CIEE ATTN: Registration Coordinator 300 Fore Street Portland, ME 04101 Fax: 207-221-1486	STUDENT'S FULL NAME	
	(Maiden Name, if applicable)	
	Current Street Address	
	City, State & Zip Code	
Please send any questions via e-mail to: studyinfo@ciee.org.	Current Phone	
	Email Address	
	Location & Program of Study	
	Term(s) & Year(s) Attended	
	Student Signature (REQUIRED)	

SERVICE AND PROCESSING CALCULATIONS--please complete chart (process times noted for study within the past 10 years*):

Service Type	Processing Fee	(times)	Requested Amount	Totals
Official Transcript	\$10.00 per transcript	x		
Unofficial Transcript or Scanned Email Attachment	\$5.00 per transcript	x		+
Standard Service: 7-10 business days during Off-Peak Processing (Feb. 1 - Oct. 1) 12-15 days during Peak Processing (Oct. 1- Feb. 1)	(no additional service fee)	x		+\$0.00
Rush Request** 2-3 business days during Off-Peak Processing (Feb. 1 - Oct. 1) 5-7 days during Peak Processing (Oct. 1- Feb 1)	\$15.00 per address	x		+
Emergency Service** Only available Oct. 1 – Feb. 1: 2-3 business days	\$25.00 per address	x		+
			Total Amount Due:	

Payment Information (check one):

- Check/Money Order (enclosed; made payable to CIEE)
- Visa/MasterCard Number: _____ - _____ - _____ - _____
 Expiration date: ____ / ____ V-Code: ____ (3 digit number on back of card by signature line: **REQUIRED**)
 Cardholder's Name (please print): _____
 Complete Billing Address of Cardholder: _____
 City: _____ State: _____ Zip: _____

Signature of Card Holder: _____ **Date:** _____

*For requests for participation older than 10 years (subject to availability), please add 5 business days for processing, regardless of service type
 ** Expedited Services include FedEx overnight delivery confirmation; rush and emergency delivery not available for overseas delivery

Address(es) of Recipient(s) (please duplicate this page as needed):

ADDRESS:	ADDRESS:
NUMBER & TYPE NEEDED: ____ Official ____ Unofficial SERVICE (please check one): <input type="checkbox"/> Standard Service <input type="checkbox"/> Rush Service <input type="checkbox"/> Emergency Service	NUMBER & TYPE NEEDED: ____ Official ____ Unofficial SERVICE (please check one): <input type="checkbox"/> Standard Service <input type="checkbox"/> Rush Service <input type="checkbox"/> Emergency Service