



## Transcript Request Form

To order an official or unofficial 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):	
<b>CIEE</b> <b>ATTN: Registration Coordinator</b> <b>300 Fore Street</b> <b>Portland, ME 04101</b> <b>Fax: 207-553-5098</b>	<b>STUDENT'S FULL NAME</b>	
	(Maiden Name, if applicable)	
	<b>Current Street Address</b>	
	<b>City</b>	
	<b>State</b>	
	<b>Zip Code</b>	
	<b>Current Phone</b>	
	<b>Email Address</b>	
	<b>Program of Study</b>	
	<b>Term &amp; Year Attended</b>	
Please send any questions via email to <b>registrar@ciee.org</b> .	<b>SIGNATURE OF STUDENT</b>	

### TRANSCRIPT FEES:

TYPE	TRANSCRIPT FEE
Official Transcripts	\$10.00 per copy
Unofficial Transcripts	\$5.00 per copy

### PROCESSING TIMELINES AND SERVICE FEES (for participation within the past 10 years\*):

TYPE	SERVICE FEE AMOUNT	OFF-PEAK PROCESSING (receipt date of request: Jan. 1 – Oct. 14)	PEAK PROCESSING (receipt date of request: Oct. 15 – Dec. 31)
Standard Service	(no additional service fee)	7 – 10 business days	12 – 15 business days
Rush Service**	\$15.00 per address	2 – 3 business days	5 – 7 business days
Emergency Service**	\$25.00 per address	Not available	2 – 3 business days

\* For requests for participation older than 10 years, please add 5 business days for processing, regardless of service type

\*\* Expedited services include DHL express delivery.

### TRANSCRIPT REQUEST INFORMATION (please duplicate this page as needed):

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	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
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### PAYMENT INFORMATION (fees do not change for international delivery addresses):

TYPE OF SERVICE	TOTAL NUMBER REQUESTED	x COST PER REQUEST	= Totals
Official Transcript(s)		x \$10.00	=
Unofficial Transcript(s)		x \$5.00	=
Rush Service Fee(s)		x \$15.00	=
Emergency Service Fee(s)		x \$25.00	=
<b>TOTAL PAYMENT DUE (if paying by credit card, this is the amount authorized) =</b>			<b>\$</b>

### PAYMENT METHOD:

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:** \_\_\_\_\_