



# CIEE ACADEMIC RECORDS REQUEST FORM

Due to COVID-19, until further notice, CIEE Maine staff are working remotely and have limited access to physical academic records and postal services. Official CIEE Academic Records are being sent directly to institutional representatives as PDF attachments via encrypted email.

Complete all parts of this form, including your original signature and send via email to: registrar@cieee.org

Last Name: \_\_\_\_\_ Semester/ Year of Study: \_\_\_\_\_

First Name: \_\_\_\_\_ CIEE Program Name: \_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I have read the terms associated with this process as outlined in the [CIEE Grades and Transcripts page](#), and per those terms, hereby authorize the release of my academic records as requested below.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

We are unable to send official PDF grade reports directly to participants. Records for programs prior to Spring 2003 are not available electronically and requests for them cannot be filled at this time.

The timelines and prices below reflect our current remote fulfillment process.

OFFICIAL REQUESTS	Standard Processing	Expedited Processing
Processing Timeline	15 business days (at most)	5 business days (at most)
Delivery Method	PDF attached via encrypted email, sent only to institutional representatives	PDF attached via encrypted email, sent only to institutional representatives
Fee(s)	\$15 per record	\$25 per record

**Unofficial Academic Records** are emailed directly to the student, free of charge. Unofficial requests are fulfilled within 15 business days. If requested as part of an "Expedited" request, the unofficial copy will be provided within 5 business days.

**Request Here:** Email (if different from above): \_\_\_\_\_

Send Academic Record to: (If you have more than 2 recipients, please complete additional request forms)

Recipient 1 Name/Dept: \_\_\_\_\_ Recipient 2 Name/Dept: \_\_\_\_\_

Institution: \_\_\_\_\_ Institution: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Standard                      Expedited                      Standard                      Expedited

Amount Due:

Credit Card Information:

Processing Type	Fee
Standard	\$15
Expedited	\$25
<b>Total Due:</b>	

Visa/Mastercard Number _____ Exp Date: ____/____
Cardholder Name (Print)
Complete Billing Address
Signature of Cardholder