TRANSCRIPT REQUEST FORM

Please use this form to request a transcript from a closed Maryland postsecondary school.

- PLEASE ALLOW 20 BUSINESS DAYS FOR PROCESSING. WALK-INS ARE NOT ACCEPTED.
  - THERE IS NO CHARGE FOR TRANSCRIPTS.
  - Please print clearly or type.
  - Failing to include ALL required information will cause a delay in processing your transcript.
    - If you have questions, you may call 410-767-3403 or 800-974-0203, ext. 73403.

WHICH CLOSED MARYLAND PRIVATE CAREER SCHOOL OR COLLEGE DID YOU ATTEND?

Name:        Location (MD city):
Dates Attended:        Program Enrolled in:

STUDENT INFORMATION

Last Name:       First Name:       MI:
Current Address
Street:        City:        State:        Zip:
Phone Number:        Email Address:
Social Security Number:        Date of Birth:

Did you use a DIFFERENT NAME When Enrolled at the School? If so, complete below.
Last:        First:        MI:

WOULD YOU (THE STUDENT) LIKE AN UNOFFICIAL* COPY?

YES ☐ NO ☐ If “yes”, how many? _____
*Official copies of transcripts cannot be sent to a student.

WOULD YOU (THE STUDENT) LIKE AN OFFICIAL COPY MAILED TO A SCHOOL OR BUSINESS?

Provide the complete address of the school or business below.

Name of Person:
Name of School or Business:
Street:        City:        State:        Zip:

Number of official transcripts to be mailed to this school or business: _____

Transcripts cannot be released without student’s signature.

________________________________________        __________________________
Student Signature        Date

Mail completed form to:
Maryland Higher Education Commission -- OR -- Email completed form to:
pctranscripts.mhec@maryland.gov
Division of Academic Affairs
Attention: Transcript Request
6 N. Liberty Street, 10th Floor
Baltimore, MD 21201

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