

Anne Arundel Community College  
RECORDS AND REGISTRATION OFFICE 101 College Parkway Arnold, MD 21012  
(410) 777-2243 (410) 777-2489 fax  
TRANSCRIPT REQUEST FORM

Please **PRINT** this form, **fill** it out & **mail, fax,** or drop it off at our office. Normally, this request will be processed and your transcript sent the next business day. However, at certain times of the year there may be a slight delay, 2-3 days, due to the heavy volume of requests. Your understanding is appreciated. ***There is no fee/ no charge for transcripts.***

ID Number or Social Security Number:

Present Name:

Former Name (if any):

Present Address:

Zip Code:

Phone Number: Home - (  )  Business - (  )

Do you wish us to update your records to reflect the above present address:  Yes  No

Approximate dates of attendance at AACC: from (year)  to (year)

Please print FULL ADDRESS where transcript should be sent. Number of transcripts to be sent:

Type of transcript to be sent (circle one): Credit Courses      Continuing Education Courses

Check one:

- Send Immediately
- Send after degree is posted
- Hold for personal pick-up
- Send at the end of semester
- Other:

Student's Signature (REQUIRED)

*If you want someone else to pick up your transcript, you must provide us with a letter which authorizes us to release your transcript to that individual. Your transcript will not be released without your written permission.*