



ALLEGANY COLLEGE
of MARYLAND
OFFICE OF ADMISSIONS AND REGISTRATION

SIGNATURE
& PHOTO ID
REQUIRED

12401 Willowbrook Road, SE | Cumberland, MD 21502-2596
Phone: 301-784-5199 or 301-784-5198 | Fax: 301-784-5027 | admissions@allegany.edu

TRANSCRIPT REQUEST FORM

Transcript Fee – \$5.00 for each official copy. Make a check or money order payable to: Allegany College of Maryland
(There is no fee for an unofficial copy.)

Transcripts will not be released without the **student's signature** and a **copy of photo identification** (driver's license). Allow two (2) business days for processing, with more time during peak request periods. Transcripts may take up to 7-10 business days upon mail delivery.

Mail to: Allegany College of Maryland
Attn: Madison DeFranco
12401 Willowbrook Road, SE
Cumberland, MD 21502

Fax to: 301-784-5027

Credit Card #:

_____ - _____ - _____ - _____

Expiration Date: _____

Security # (on back of card): _____

Phone #: _____

Log into **Self-Service** for an unofficial copy of your transcript. If you need help logging into Self-Service, please call the **HelpDesk** at **301-784-5444**.

Student ID#: _____ or Social Security #: _____ - _____ - _____ Birthdate: ____ / ____ / ____

Last Name: _____ First Name: _____ MI: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Student's Signature: _____

_____ # of **official** transcripts

☐ As soon as possible

_____ # of **unofficial** transcripts

☐ After grades are posted

☐ After graduation is posted

Provide complete information where transcripts should be sent:

Name of Institution: _____

Office: _____

Address: _____

City: _____ State: _____ Zip: _____

OFFICE USE ONLY

Clearance Granted: ☐ Yes ☐ No

Amount Paid: \$ _____

Processed by: _____

ID Presented: ☐ Yes ☐ No

DATE: sent _____ rec'd _____