



## CONTINUING EDUCATION RECORD REQUEST FORM

Date of Request \_\_\_\_\_

Full Name \_\_\_\_\_

First                      Middle                      Last

All former names \_\_\_\_\_

Student ID# \_\_\_\_\_

Last 4-digits of SSN \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Current Mailing Address:


Day Phone # (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Eve Phone # (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

E-mail address \_\_\_\_\_

**Student Signature** \_\_\_\_\_

*(Legal signature required by PL93-380 Buckley Amendment, The Family Education Rights and Privacy Act of 1974.)*

*\*By signing, I also authorize CSM to update my name, address, e-mail, and phone numbers in the data system.*

**PLEASE SEND OFFICIAL TRANSCRIPT(S) TO THE FOLLOWING LOCATION(S):**

(please write legibly, provide # of copies needed, and provide complete addresses)

SEND \_\_\_\_ OFFICIAL COPIES TO:


SEND \_\_\_\_ OFFICIAL COPIES TO:


SEND \_\_\_\_ OFFICIAL COPIES TO:


SEND \_\_\_\_ OFFICIAL COPIES TO:


\*If more than four locations needed, please provide a second request form. All forms submitted must be completed in full.

**Policy on E-mailing transcripts:**

The college does not e-mail any transcripts due to security concerns.

**Options for submitting this form:**

- (1) You may complete and turn this form in at any CSM campus (must show your photo ID at time of drop off).
- (2) You may mail to: College of Southern Maryland, Attn: Registrar's Office (REG), PO Box 910, La Plata, MD 20646. You must also mail a copy of your photo ID to authenticate your request.
- (3) You may e-mail the request to transcripts@csmd.edu, along with a photo ID to authenticate your request.