

MAINE COLLEGE OF HEALTH PROFESSIONS
70 Middle Street, Lewiston, ME 04240
207-795-2840

TRANSCRIPT REQUEST FORM

Please print your name and current address below:

Current Phone: _____ Email: _____

Dates of Attendance or Graduation Date: _____

Date of Birth: _____

Name at time of enrollment: _____

Send Immediately _____ or Hold for Current Semester Grades _____

Please print below the person / institution to which transcript is to be sent. A complete mailing address is required. A separate form is required for each addressee.

Handwritten Signature Required

Date

Form must be signed in your own handwriting. Submit completed form by fax to 207-795-2849, or scan the form and attach it to an email to registrar@mchp.edu, or mail to MCHP Transcripts, 70 Middle Street, Lewiston, ME 04240.