



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 and Faxing transcripts:

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

We strongly prefer not to fax transcripts due to concerns with security. Only on rare occasion will we fax them for an emergency. If you request a transcript faxed, your signature on this page indicates that you are aware that faxing the material is not completely secure and that third parties could potentially gain access to your information during or after the send and that CSM is not responsible for any breach of information or identity theft.

Mail to: College of Southern Maryland, Registrar's Office (REG) Attn: Transcript Requests, P.O. Box 910, La Plata, MD 20646-0910
or you may Fax to: 301-934-7698

Please send each form only once by fax or mail. Sending the same request multiple times increases workload and delays processing time.