



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.