



# COLLEGE OF MICRONESIA-FSM

Office of Admissions, Records, and Retention

www.comfsm.fm

### National Campus

P.O. Box 159  
Kolonias, Pohnpei FM 96941

### Pohnpei Campus

P.O. Box 614  
Kolonias, Pohnpei FM 96941

### Chuuk Campus

P.O. Box 879  
Weno, Chuuk FM 96942

### Kosrae Campus

P.O. Box 37  
Tofol, Kosrae FM 96944

### Yap Campus

P.O. Box 286  
Koror, Yap FM 96943

### FSM FMI

P.O. Box 1056  
Koror, Yap FM 96943

## TRANSCRIPT REQUEST FORM

Note: Monies owed to COM-FSM will cause a delay in processing this transcript

**Mail to** Office of Admissions, Records and Retention  
College of Micronesia-FSM  
P.O. Box 159, Kolonia, Pohnpei FM 96941

**Email to** [registrar@comfsm.fm](mailto:registrar@comfsm.fm)

**Fax to** (691) 320-2479

### NUMBER OF TRANSCRIPTS ORDERED

Unofficial \_\_\_\_\_ copies       Official \_\_\_\_\_ copies

#### SEND (please check all that apply)

- Now, please
- At the **END** of \_\_\_\_\_ semester/summer
- To more than one location  
(please use back of this form to list additional addresses)

#### PAYMENT OF FEES REQUIRED IN ADVANCE.

 Please indicate type of payment you enclosed with this request

- Cash                                       Check
- Others \_\_\_\_\_

Under the **FAMILY RIGHTS AND PRIVACY ACT OF 1974**, this information is released to you on condition that you will not permit any other party to have access to such information without written permission of the student.

**Mail Transcript to** (Please print complete address)

### IDENTIFYING STUDENT INFORMATION

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Date of Birth

\_\_\_\_\_ Maiden or Other Last Names

\_\_\_\_\_ Last Name                      First Name                      MI

\_\_\_\_\_ Mailing Address (P.O. Box, Street, City, Country, ZIP Code)

\_\_\_\_\_ Phone                                      Email Address

\_\_\_\_\_ Attendance at COM-FSM

#### Student required signature to release the transcript

\_\_\_\_\_ Student (Signature over printed name)

\_\_\_\_\_ Date

### FOR BUSINESS OFFICE USE ONLY

Amount Received \_\_\_\_\_  
National Campus Account \_\_\_\_\_  
Remarks \_\_\_\_\_

Date Processed \_\_\_\_\_  
State Campus Account \_\_\_\_\_  
Processed by (Initials) \_\_\_\_\_

### COM-FSM Transcript Policy

1. Transcripts are issued upon written request only.
2. Each student is entitled to one transcripts free of charge.
3. A fee of \$4.00 will be paid, in advance, for each additional transcript request.
4. Transcripts are processed within three days from the time the request is received by OARR National Campus, and after requests are cleared by the Business Office at COM-FSM National Campus.

### Reason for the Request

- Admission to other colleges
- Job application
- Loan (Educational)
- Scholarship Application
- Military
- Others, please specify \_\_\_\_\_

### FOR OFFICE OF ADMISSIONS, RECORDS AND RETENTION (OARR) USE ONLY

Date/Hour Transcript Request Received \_\_\_\_\_  
Date Transcript Processed \_\_\_\_\_  
Transcript Processed by \_\_\_\_\_  
Date Transcript Released \_\_\_\_\_

**Remarks**

College of Micronesia-FSM is accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges, 10 Commercial Blvd., Suite 204, Novato, CA 94949, (415) 506-0234, an institutional accrediting body recognized by the Council for Higher Education Accreditation and the U.S. Department of Education.