



COLLEGE OF MICRONESIA-FSM
Office of Admissions and Records

Accredited by the Western Association of Schools and Colleges (WASC)

NATIONAL CAMPUS

P.O. Box 159
Kolonia, Pohnpei, FSM 96941
Phone: (691) 320-2480

PHONPEI CAMPUS

P.O. Box 614
Kolonia, Pohnpei, FSM 96941
Phone: (691) 320-3795

CHUUK CAMPUS

P.O. Box 879
Weno, Chuuk, FSM 96942
Phone: (691) 330-2689

KOSRAE CAMPUS

P.O. Box 37
Tofol, Kosrae, FSM 96944
Phone: (691) 370-3191

YAP CAMPUS

P.O. Box 286
Colonia, Yap, FSM 96943
Phone: (691) 350-2296

FSM FMI

P.O. Box 1056
Colonia, Yap, FSM 96943
Phone: 350-5244

TRANSCRIPT REQUEST FORM

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

MAIL TO Office of Admissions and Records
COLLEGE OF MICRONESIA-FSM
P.O. Box 159, Palikir, Pohnpei, FSM 96941

PHONE (691) 320-2480 ext. 150, 136, 171, 172

FAX TO (691) 320-2479

E-MAIL TO arlened@comfsm.fm
joducado@comfsm.fm

WEBSITE www.comfsm.fm

NUMBER OF TRANSCRIPTS ORDERED

Official _____ Copies

Unofficial _____ Copies

SEND (Please check all that apply)

NOW, please

At "END" of _____ Term

To more than one location (please use back of this form to list additional address)

PAYMENT OF FEES REQUIRED IN ADVANCE. Please indicate type of payment you enclosed with this request

Cash Others _____

Check

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

IDENTIFYING STUDENT INFORMATION

SOCIAL SECURITY NUMBER

Date of Birth

Maiden or Other Last Names (If applicable)

LAST NAME FIRST NAME MI

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

Phone Number E-mail Address

Attendance at COM-FSM

MAIL TRANSCRIPT TO: (please print complete address)

SIGNATURE REQUIRED TO RELEASE TRANSCRIPT

STUDENT (Signature over printed name)

Date

FOR BUSINESS OFFICE USE ONLY

Amount Received _____ Date Processed _____

National Campus Account _____ State Campus Account _____

Remarks _____ Processed by (Initials) _____

TRANSCRIPT POLICY

1. Transcripts are issued upon written request only.
2. Each student is entitled to one transcript free of charge.
3. A fee of \$4.00 will be paid, in advance, for each additional transcript request.
4. Transcripts are processed within 3 working days from the time the request is received.

REASON FOR REQUEST (for statistical purposes only)

- Admission to other Colleges
- Job Application
- Loan (Educational)
- Scholarship Application
- Military
- Others

FOR ADMISSIONS AND RECORDS USE ONLY

RECORDED BY _____ **JOB TITLE** _____ **DATE RECORDED** _____

Date Transcript Processed _____

Transcript Processed by _____

Date Transcript Released _____

REMARKS: