



**COLLEGE OF MICRONESIA-FSM**  
Office of Admissions and Records

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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 414  
Kolonia, Pohnpei, FSM 96941  
Phone: (691) 320-2716

**CHUK CAMPUS**

P.O. Box 177  
Wano, Chuuk, FSM 96912  
Phone: (691) 320-2619

**KOSRAE CAMPUS**

P.O. Box 37  
Tobi, Kosrae, FSM 96944  
Phone: (691) 320-3171

**YAP CAMPUS**

P.O. Box 216  
Colonla, Yap, FSM 96913  
Phone: (691) 320-2216

**FSM FMI**

P.O. Box 1066  
Colonla, Yap, FSM 96913  
Phone: 320-2216

**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** arlined@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:**

\_\_\_\_\_

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