

OFFICE USE			
Received: _____	Fee: _____		_____
Date Sent _____	By: _____		_____

TRANSCRIPT RELEASE FORM

Name: _____ Birthdate: _____ / _____ / _____
Last First Middle

Address: _____
Street

City State Zip Code

NAME WHILE ENROLLED AT NCC, IF DIFFERENT

_____ Last First Middle

The Registrar's Office has permission to release my transcript: _____
SIGNATURE

No. of Transcripts Needed for this Address: _____ Date _____ / _____ / _____
 (Cost per transcript - \$5)

I am currently enrolled at NCC
 I am not currently enrolled. My approximate last date of attendance was: _____ / _____ / _____

Prepare transcript(s) now
 Prepare transcript(s) after the current term grades can be included
 Prepare transcript(s) after degree/diploma is posted

I will pick up transcript(s) in person - (This will not be an official transcript)
 I request the transcript(s) be mailed to the address listed below
 I request the transcript be faxed to the number listed below - (This will not be an official transcript)

USE A SEPARATE TRANSCRIPT REQUEST FOR EACH ADDRESS

SEND RECORD TO: _____
Name of Person/Institution

Street Address

City State Zip Code Fax no. (If applicable)

NOTICE TO RECIPIENT: In accordance with Section 438(B) (4):(B) of the Family Educational Rights and Privacy Act of 1974, you are hereby notified that this information is provided upon the condition that you, your agents or employees will not permit any other party to have access to such information, in personally identifiable form, without first obtaining written consent of the student.

EXPECT EXCELLENCE