

North Central Michigan College ACADEMIC TRANSCRIPT REQUEST FORM

Please print and complete **all information** so your record can be found.
If accessing this form from the web, print the form and either

MAIL: North Central Michigan College or **FAX:** 231.348.6625 or **SCAN & EMAIL:** nmorris@ncmich.edu

Attn: Transcripts
1515 Howard Street
Petoskey, MI 49770

North Central Student Number: (if known) _____

Last Name: _____

First Name: _____

Middle Initial: _____

Birth and All Previous Names: _____

Social Security Number: _____ - _____ - _____

Birth Date: _____ - _____ - _____

Permanent Address: _____
Street/PO Box City State Zip

This will change your address of record in our system

Current Phone: () _____

Number of Official Copies: _____

Number of Unofficial Copies: _____

Address where Transcript(s) should be sent:

- Include complete address(es) including specific departments and/or campus, if available.
- For transcripts to be sent to more than one address, please list additional names and addresses on the back of this form or on a separate sheet of paper.

Student Signature: x Date: _____

Federal law prohibits release of academic records to any other party without the written consent of the student.

Office Use Only	
Processed On:	By: