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

☐ I am requesting a MACRAO and/or MTA Evaluation ONLY. **No transcript sent**.

I am requesting you **SEND** my Transcripts:

☐ Immediately

☐ After grades are posted from _____ semester.

☐ After degree/certificate is posted.

☐ After MACRAO and/or MTA Evaluation.

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:** _____

Please enter your physical signature. Federal law prohibits release of academic records to any other party without the written consent of the student.

Office Use Only

Processed On: By:

Rev: 10/28/14
nsm