NORTHEASTERN TECHNICAL COLLEGE
OFFICE OF STUDENT SERVICES

REQUEST FOR STUDENT TRANSCRIPT

Student Name_____

Maiden or other married name if applicable_____

Social Security Number_____

Signature_____

I request a copy of my transcript be sent: ☐ Now ☐ At the end of the term

Check one: ☐ Official Copy ☐ Student Copy

I request that my transcript be sent by: ☐ Mail ☐ Fax ($3.00 Fee)

I give the college permission to secure enrollment verification from the National Student Clearinghouse or the institution to which I am transferring for research purposes.

Send official copy to:

_____
Institution/Organization Name

_____
Address City State Zip

_____
Attention

----------RECORDS OFFICE USE ONLY----------

Chg. ☐ Yes ☐ No Sent-Date: _____ By:_____

Comments: Issued to student in sealed envelope ☐

TRANSCRIPT POLICY: A transcript is sent only upon the written request of the student. No transcript will be furnished for a student whose financial obligation to the college has not been satisfied.