TRANSCRIPT REQUEST FORM

**DATES OF ATTENDANCE:**

CURRENT PHONE NUMBER: ____________________________
CURRENT E-MAIL ADDRESS: ____________________________

**STUDENT NAME (Please print legibly):**

STUDENT ID NUMBER: ____________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Previous/Maiden</th>
</tr>
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**DIRECTIONS:**
1. This form must be completed and signed by the person to whom the records belong.
2. Provide all information applicable on the form by typing or printing legibly. Be sure to include any maiden names or any other previous names.
3. Provide the complete name and address of where you wish your transcript to be mailed.
4. There is a $5 fee for each transcript requested which can be paid by cash, check or credit card.
5. Please allow 5 business days for processing after receiving your request. Processing times may be longer at the beginning and end of a semester. Transcripts will not be released if you have a financial hold on your account.
6. NCTA transcripts are NOT faxed.

**PROCESSING INSTRUCTIONS (Please Check):**
- [ ] Process now
- [ ] Hold until current grades are recorded
- [ ] Hold for grade change or removal of Incomplete
- [ ] Send after degree is recorded
- [ ] Will pick up in Registration and Records

Mail to the following:

To:__________________________________________  To:__________________________________________

__________________________________________

____________________________________________________________________________________

STUDENT SIGNATURE: ____________________________  DATE: ____________________________

**For Office Use Only**

# TRANSCRIBED REQUESTED: ________  DATE MAILED: ____________________________

PD/DATE: ____________________________  [ ] CASH  [ ] CHECK  [ ] CREDIT CARD