North Central Michigan College

ACADEMIC TRANSCRIPT REQUEST FORM

Please print and complete **all information**. If accessing this form from the web, print the form and either **MAIL: North Central Michigan College or FAX: 231.348.6672**

Attn: Transcripts
1515 Howard Street
Petoskey, MI 49770

☐ I am requesting a MACRAO 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 Evaluation.

North Central Student Number (if known): _____

Last Name: _____

First Name: _____

Middle Initial: _____

Birth and All Previous Names: _____

_____

Social Security Number: ___/___/_____ **Current Phone:** (___)_____

Current Address: _____
Street City State Zip Code

Dates of Attendance at North Central: From: _____ **To:** _____

Total Number of Transcript Copies Requested: _____

Number of Official Copies: _____

Number of Unofficial Copies: _____

Complete Address where Transcript(s) should be sent: Include 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:

Rev: 2/18/09
nsm