



Transcript Request Form

INSTRUCTIONS

- 1) This form must be completed and signed by the person to whom the records belong.
- 2) Answer all items that apply by typing or printing legibly (be sure to include maiden name or any other previous names).
- 3) Provide the complete name and address of where you wish your transcript(s) to be mailed (i.e., the college, agency or employer). If you are requesting transcripts to be sent to more than one address, please use separate forms or attach a list (this document may be downloaded or copied as many times as needed).
- 4) You may request copies of your official transcript free of charge.
- 5) Mail completed form(s) to: Registrar's Office
Northeast Community College
P.O. Box 469
Norfolk, NE 68702-0469
- 6) Or fax completed form(s) to: 402-844-7396
- 7) Please allow a minimum of two business days for processing after your request has been received. Processing times may be longer at the beginning and end of the semester. Transcripts will not be released if you have a past due financial obligation to the College.

- 8) Northeast Community College does not accept email requests for transcripts.
- 9) Northeast Community College does not fax transcripts to any party.

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|--------------------------------|
| For Office Use Only |
| # Transcripts Requested: _____ |
| Date Mailed: _____ |

PERSONAL DATA

Student ID or Social Security Number: _____

Legal Name: _____
Last Name First Name Middle Name

Previous Last Name(s): _____

Current Address: _____
Street City State Zip Code

Birthdate: _____ Home Phone: _____ Cell Phone: _____

I am currently enrolled I am not currently enrolled. Year first attended Northeast _____

Signature: _____ Date: _____

MAILING DIRECTIONS

- 1) Number of transcripts requested: _____
- 2) Please choose one of the following options:
 - Mail as soon as possible to address indicated in number three (on the bottom right of form).
 - Mail after grades for current term _____ are posted. (list term)
 - Mail after graduation is recorded on transcript.
 - Do not mail my transcript, I will pick it up on (date) _____ at (time) _____
- 3) Mail to the following complete address(es) below. (Please include institution, agency or business name. No abbreviations. Indicate additional request information on the back of this form.)

School/Recipient Name

Office (i.e., Admissions, Registrar's, Records, etc.)

Address

City State Zip

NOTE: A photo ID is required when picking up a transcript.