

Transcript Request Form

NorthCentral
MISSOURI COLLEGE

1301 Main Street
Trenton MO 64683
Phone: 1-660-359-3948, ext. 1206

Instructions: Print this page, complete all information, and return by mail to the address shown above. **Enclose \$10.00** (cash, check, or money order) per transcript requested. Your transcript will be mailed within 3-5 business days after receipt of your request in the Registrar's Office.

Transcript fee must accompany the request. Requests received without payment will be returned. Transcripts will not be faxed by NCMC.

1. Legal Name (Last, First, Middle): _____

2. Social Security No.: _____ - _____ - _____ Date of Birth (mm/dd/yyyy) _____

3. Address (street, box#): _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

4. Semester and year last enrolled: Fall___ Spring___ Summer___ Year:_____

5. Other Name(s) under which your records may be located (i.e. maiden name, previous married name):

Transcripts sent to student are sent in a sealed envelope inside the mailing envelope. A stamp is placed across the seal and if opened by the student, the transcript will no longer be considered official.

Mail transcript now

Mail after grades are posted

Degree/certificate is transcribed

Send to (name and address):

1. _____

2. _____

Your signature below authorizes NCMC to release a copy of your academic transcript to the recipient shown on this form. No transcripts will be furnished when financial obligations to the college have not been satisfied. Federal law prohibits release of your transcript or its contents to any party without the written consent of the student (except when specified under the Family Educational Rights and Privacy Act).

Signature _____ **Date** _____