

## Transcript Request Form

**Instructions:** Print this page, complete all information, and return with payment to the address shown above. Requests will be filled within 4 business days after receipt of your request in the Registrar's Office. Faxed requests are not accepted. Transcripts will not be faxed by NCMC.

**Enclose \$10.00 (cash, check, or money order) for each transcript copy request. Requests received without payment will be returned. Do not include credit card information on this form. If you wish to make payment with a debit or credit card, file your request through [www.getmytranscript.com](http://www.getmytranscript.com).**

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 the student will be sent in a sealed envelope inside the mailing envelope. A stamp is placed across the seal. If opened by the student, the transcript will no longer be considered official.**

**Transcript requests will not be held longer than 2 weeks. Please mail requests, to include current semester grades or degree awards, no earlier than 2 weeks prior to the end of the term.**

**Check one:**

Mail transcript now

Hold for pick-up

Mail after current grades are posted

Mail after degree/certificate is awarded

Transcripts held for pick-up released to the student, with a valid photo ID.

Send to: (Up to 2 transcripts may be requested with each form. Requestor is responsible for accurate and complete mailing addresses.)

1. \_\_\_\_\_  
(Individual or business name)

2. \_\_\_\_\_  
(Individual or business name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(City) (State) (Zip)

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). North Central Missouri College's consumer information is available for your review at <http://www.ncmissouri.edu/consumerinfo/>. Paper copies of consumer information are available upon request to the Dean of Student Affairs at (660) 359-3948.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_