

North Seattle Community College Transcript Request Form

PLEASE BE CERTAIN TO COMPLETE THE ENTIRE FORM BEFORE YOU SUBMITTED.

LAST NAME _____ FIRST NAME _____ SID _____ or SSN _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE (DAY) _____ BIRTHDATE _____ FORMER NAME(S) _____

Are you attending NSCC this current quarter? YES NO *If NO, when was your last quarter?* _____

How many **OFFICIAL** (\$3.50) transcripts are you requesting? _____ For **UNOFFICIAL** transcripts, please go to www.northseattle.edu

If you download this form online please provide the credit card and expiration date below.

CHECK THE CORRECT BOX(ES) BELOW:

- I WILL PICK UP MY TRANSCRIPT at the **Registration counter**. *(Any transcripts not picked up after 90 days will be shredded.)*
- MAIL** MY TRANSCRIPT TO THE ADDRESS BELOW.

CHECK THE CORRECT BOX(ES) BELOW:

- PROCESS** MY TRANSCRIPT(S) **IMMEDIATELY**.
- HOLD** THIS REQUEST **UNTIL END OF CURRENT QUARTER**.
- HOLD** THIS REQUEST **UNTIL MY DEGREE OR CERTIFICATE HAS BEEN POSTED**.

MAIL TRANSCRIPT(S) TO: _____ Signature: _____ Date: _____

TRANSCRIPTS ARE RELEASED ONLY AT THE REQUEST OF THE STUDENT
per the Federal Privacy Act of 1974

Sent: _____ *By:* _____

You are responsible for providing a complete & accurate address where the transcript should be sent.

PLEASE ALLOW FORTY-EIGHT (48) HOURS, EXCLUDING WEEKENDS, FOR THIS REQUEST TO BE PROCESSED.
TRANSCRIPTS WILL REQUIRE ONE (1) WEEK TO PROCESS AT END OF QUARTER.