

TRANSCRIPT REQUEST FORM

Date:			
Last Name:		st Name:	Middle:
Student ID or SS#		Previous Names	
Student's Address:			Phone:
Student Signature (<u>REC</u>	<u>QUIRED</u>):		
	Division(s)	Attended (Check all that a	pply):
Graduate	Dates of Attendance	Major	/Degree
Undergraduate	Dates of Attendance	Major	/Degree
Edgecliff / OLC	Dates of Attendance	Major	/Degree
Other			
	TRA	NSCRIPT INFORMATION:	
Number of Copies:	(Submit separate sheet to lis	st multiple "mail to" addresses)	
Mail To (Complete Nam	ne/School/Company and Addre	ss):	
<u>Or</u> Check Box For Pick-	up (Photo ID must be presente	d at time of pick up):	
Transcript Fee = \$10 pe	er transcript (Digital Transcript	s can ONLY be requested on-line	e through NSCH website.)
Include Attached Fo	rm	Hold For Posting of Final Grad	es Semester (Fall, Spring or Summer)
Delivery Options:		Hold Until Degree Is Conferred	: Degree Year/Term
First Class Mail via	U.S.P.S. (Included in base paper \$	10.00 transcript fee)	Payment (required at time of order):
Expedited Pick-up (Add \$10.00 charge, available by noon following business day)			Check Enclosed #
FedEx (Add \$20 per recipient, <u>No PO Boxes</u> , US Addresses Only)			Money Order

Processing time does not include delivery time. For mail dilevery via U.S.P.S., please allow an additional 3-10 business days for logistics. If choosing FedEx shipping, please allow an additional 1-2 business days for delivery by Federal Express.

Office Use Only: Initials _____ Date: _____ Amount: _____