



# Transcript Request Form

**THIS FORM MUST BE SIGNED, PRINTED AND SUBMITTED TO THE REGISTRAR**

Transcripts *will not be transmitted via e-mail*. Transcripts are *not released* if there is an outstanding financial obligation to NMCC

STUDENT NAME \_\_\_\_\_ NAME ATTENDED UNDER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

SSN# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CURRENTLY ENROLLED \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ ATTENDED PRIOR TO 1985 \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

NUMBER OF TRANSCRIPTS \_\_\_\_\_ **Official** **Unofficial** DATES OF ATTENDANCE \_\_\_\_\_

Send Immediately \_\_\_\_\_ Hold for recording of current semester grades \_\_\_\_\_ Hold for degree posting \_\_\_\_\_

**Official transcripts** bear the college seal and signature of the registrar and **are not issued to students.**

**Payment required before processing.** "Send to" information must be complete and include recipient name/institution, address, city, state and zip code. Requests for faxing must include recipient name, recipient phone number and recipient fax number, including full area code.

### COSTS

\_\_\_\_\_ \$ **FREE Standard processing** (sent by US Mail) Allow 2-5 business days for processing.

\_\_\_\_\_ \$25.00 **Expedited processing** - processed within one working day of receipt of request (sent by standard mail)

\_\_\_\_\_ \$75.00 **Overnight delivery** (sent via FedEx) in addition to the expedited processing fee

\_\_\_\_\_ \$10.00 **Faxed** (a faxed copy is not official. It does not bear the college seal)

Card Number \_\_\_\_\_ Name as it appears on card \_\_\_\_\_

Expiration date \_\_\_\_\_ (mos) \_\_\_\_\_ (year) CSC (card security code) \_\_\_\_\_ (last 3 numbers on signature line)

**Sign here** \_\_\_\_\_ **Date** \_\_\_\_\_

A hand-written signature **is required** for the release of transcripts. I authorize the release of my transcript to the individual or organization below.

**Please enter the exact mailing address of where you want your transcript sent:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Fax Number \_\_\_\_\_ Contact Person \_\_\_\_\_

33 Edgemont Drive • Presque Isle, ME 04769 • TEL: (207) 768-2787 • FAX: (207) 760-1106 . MAIL: transcripts@nmcc.edu