



Northwest Iowa
Community College

OFFICE USE

Received: _____ Fee: _____
Date Sent: _____ By: _____

TRANSCRIPT RELEASE FORM

Name: _____ Social Security # _____
Last First Middle

Address: _____ Birthdate: _____ / _____ / _____
Street
City State Zip Code

NAME WHILE ENROLLED AT NCC, IF DIFFERENT

_____ Last First Middle

The Registrar's Office has permission to release my transcript: _____
SIGNATURE

No. of Transcripts Needed for this Address: _____
(Cost per transcript - \$5)

Date ____/____/____

____ I am currently enrolled at NCC
____ I am not currently enrolled. My last date of attendance was: ____/____/____
____ I am transferring to another College _____ Planned start date: ____/____/____
(Name of College)

____ Prepare transcript(s) now
____ Prepare transcript(s) after the current term grades can be included
____ Prepare transcript(s) after degree/diploma is posted
____ Send a college financial aid transcript

____ I will pick up transcript(s) in person - (This will not be an official transcript)
____ I request the transcript(s) be mailed to the address listed below
____ I request the transcript be faxed to the number listed below

USE A SEPARATE TRANSCRIPT REQUEST FOR EACH ADDRESS

SEND RECORD TO:

Name of Person/Institution

Street Address

City

State

Zip Code

Fax no. (If applicable)

NOTICE TO RECIPIENT: In accordance with Section 438(B) (4)(B) of the Family Educational Rights and Privacy Act of 1974, you are hereby notified that this information is provided upon the condition that you, your agents or employees will not permit any other party to have access to such information, in personally identifiable form, without first obtaining written consent of the student.

EXPECT EXCELLENCE

603 West Park Street

Sheldon, IA 51201-1046

712-324-5061

FAX 712-324-4136