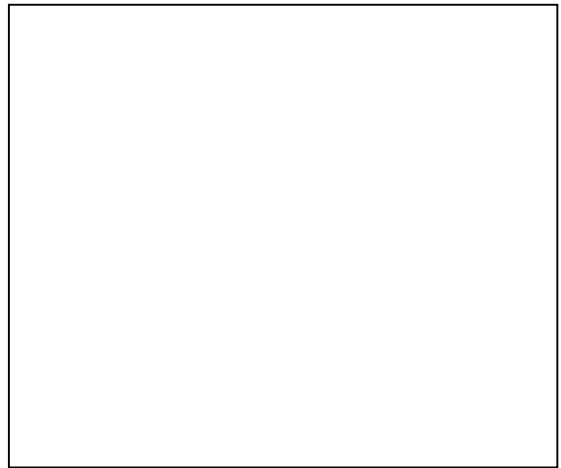


# North Central Michigan College

## ACADEMIC TRANSCRIPT REQUEST FORM

Please print and complete all information so your record can be found.  
If accessing this form from the web, print the form and either

**MAIL:** North Central Michigan College or **FAX:** 231. 635. 8000 or **SCAN & EMAIL:** nmorris@ncmich.edu  
Attn: Transcripts  
1515 Howard Street  
Petoskey, MI 49770



North Central Student Number: (if known) \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Birth and All Previous Names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Permanent Address:

Street/PO Box

City

State

Zip

Number of Unofficial Copies: \_\_\_\_\_

Address where Transcript(s) should be sent:

- Include complete address(es) including specific departments and/or campus, if available.
- For transcripts to be sent to more than one address, please list additional names and addresses on the back of this form or on a separate sheet of paper.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_

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

Warning: It is a violation of the law to release or disseminate copies of academic records to any other party without the written consent of the student.