



Northwest Iowa
Community College

OFFICE USE	
Received: _____	Fee: _____
Date Sent: _____	By: _____

TRANSCRIPT RELEASE FORM

Name: _____
Last First Middle

Social Security # _____

Address: _____
Street

City State Zip Code

Birthdate: ____/____/____

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: _____

Date ____/____/____

<input type="checkbox"/> I am currently enrolled at NCC
<input type="checkbox"/> I am not currently enrolled. My last date of attendance was: ____/____/____
<input type="checkbox"/> I am transferring to another College _____ Planned start date: ____/____/____ (Name of College)

<input type="checkbox"/> Prepare transcript(s) now
<input type="checkbox"/> Prepare transcript(s) after the current term grades can be included
<input type="checkbox"/> Prepare transcript(s) after degree/diploma is posted
<input type="checkbox"/> Send a college financial aid transcript

<input type="checkbox"/> I will pick up transcript(s) in person - (This will <u>not</u> be an official transcript)
<input type="checkbox"/> I request the transcript(s) be mailed to the address listed below
<input type="checkbox"/> 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