

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:** 231.439.6590 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: _____

I am requesting a MACRAO and/or
MTA Evaluation ONLY. **No transcript
sent.**

I am requesting you **SEND** my Transcripts:

Immediately

After grades are posted from _____
semester.

After degree/certificate is posted.

After MACRAO and/or MTA Evaluation.

Social Security Number: _____

Birth Date: _____

Permanent Address: _____
Street/PO Box City State Zip

This will change your address of record in our system

Current Phone: _____

Number of Official Copies: _____

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: x Date: _____

Please enter your physical signature. Federal law prohibits release of academic records to any other party without the written consent of the student.

Office Use Only	
Processed On:	By: