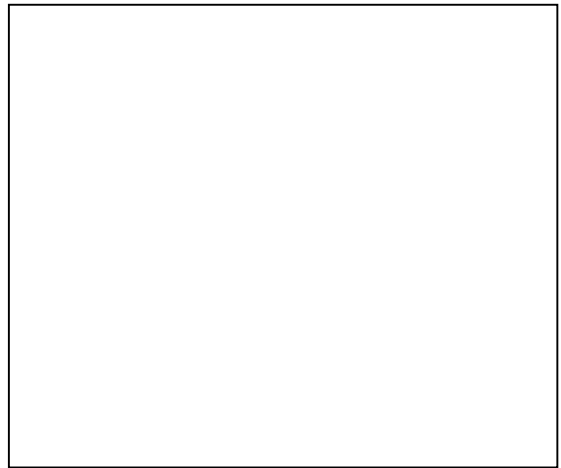


North Central Michigan College

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. 5000 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 Michigan Freedom of Information Act to release any information from the records of North Central Michigan College to any other party without the written consent of the student.