NorthwesternCollege
Established 1902

☐ Bridgeview ☐ Chicago ☐ NC Online

Transcript Release

Date of Request:_____/_____/_____

Name (first, middle, last): _____

Maiden: _____ NC Student ID#: _____

Street Address: _____

City and State: _____ Zip Code:_____

Home Phone: _____ Business Phone: _____

Date of Birth: _____ Social Security #: _____

Transcripts will not be released for students whose financial obligations to the College have not been met, nor to students whose loans are in a default status.

Reason for transcript request:
(Please check one)

☐ to keep for my records
☐ taking quarter off
☐ transferring to another college (name):_____
please state reason for transferring: _____
☐ to submit to my employer
☐ taking quarter off for personal reasons

If you request an official transcript, you must provide the school's or company's name and address.

☐ Official ($5) #_____ requested ☐ Unofficial (Free) #_____ requested

Have you ever attended College Excel Program? ☐ Yes ☐ No

Are you an NC graduate? ☐ Yes ☐ No

☐ Fax unofficial transcript to #:_____ Attn: _____

☐ Email unofficial transcript to: _____

☐ Mail transcript to specified address ☐ I will pick-up transcript

Send transcript to: _____

_____

_____

_____

Date of attendance: From: _____ To: _____

Send transcript: ☐ now ☐ end of quarter

Number of official copies: _____ (please enclose $5 for each official copy)

Signature: _____ Date: _____

If additional transcripts are requested, please write addresses on the back of this form.

Please note: Transcripts are processed within two to three business days.

FOR OFFICE USE ONLY:

Student Accounts Release: ☐ Yes ☐ No By: _____ Date: _____

$5 per transcript paid: ☐ Yes ☐ No By: _____ Date: _____

Student Records Release: ☐ Yes ☐ No By: _____ Date: _____

tm 4.12.18