

NASHUA COMMUNITY COLLEGE

Office of the Registrar
505 Amherst Street
Nashua, NH 03063
Fax: (603) 883-1636
Email: NCCRegistrar@ccsnh.edu

Authorization to Release Transcripts

TRANSCRIPT INFORMATION

THE COLLEGE RESERVES THE RIGHT TO WITHHOLD, DENY, OR CANCEL ANY TRANSCRIPT REQUEST DUE TO OUTSTANDING FINANCIAL OBLIGATIONS WITH NCC OR ANY CCSNH INSTITUTION. THIS INCLUDES, BUT NOT LIMITED TO: COURSE TUITION, PROGRAM OF STUDY FEES, GRADUATION FEES, ETC.

REQUESTOR INFORMATION:

Date Requested: ___/___/___ Date of Birth: ___/___/___ Student ID: A_____

Name: _____ Last 4 Digits of Social Security #: _____

Address: _____
STREET CITY STATE ZIP

Home Phone: () _____ - _____ Work: () _____ - _____ Cell Phone: () _____ - _____

Prior Name (Maiden): _____

If name change is required on official transcript you **MUST** provide proof of name change. (i.e. copy of driver's license, marriage license, social security card.)

ENROLLMENT STATUS:

___ Currently Enrolled ___ Former Student Program: _____

Year Graduated: _____ Year Withdrawn _____ Day Division Evening Division

PLEASE STATE REASON FOR TRANSCRIPT REQUEST:

TRANSCRIPT ACTION:

Check one:

___ Send transcript immediately

___ Student will pick-up

___ Hold for current semester final grades

___ Hold until notation of degree or award in posted

Number of copies: _____

Send to:

PLEASE ATTACH OR WRITE ON THE BACK FOR ADDITIONAL ADDRESSES →

Requestor Signature: _____

Date: ___/___/___

FOR OFFICE USE ONLY

Date Processed: _____

Transcript Mailed: _____

Processed By: _____