OFFICIAL TRANSCRIPT REQUEST FORM

NHTI - Concord's Community College
Registrar's Office, 31 College Drive, Concord, NH 03301-7412
Ph:(603) 230-4014 Fax:(603) 230-9314
Email: NHTIRegistrar@ccsnh.edu

STUDENT INFORMATION

Current Name _____
First **Middle** **Last**

Last Name During Attendance _____ Date of Birth_____

Student ID # **OR** Last 4 digits of SSN #_____ Telephone # _____

Current Mailing Address _____

_____

Email address: _____

Attendance time period: (estimate)_____

TRANSCRIPT INFORMATION

Transcripts will not be issued if you have any outstanding financial obligations with NHTI or any CCSNH Institution.
Please allow up to two weeks for your transcript to arrive at the destination.

Transcript Action:

☐ Process transcript now

☐ Hold processing for final posting of current semester grades

☐ Hold processing until degree is awarded

Number of transcripts requested:

_____

Issue Transcript To:

Name / Institution: _____

Address: _____

_____

_____ _____
Student Signature **(Required)** **Date**

Registrar's Office Use Only

Date Processed _____ Employee Initials _____