



Request for Transcript of Academic Record

Forms can be sent via U.S. mail or fax to:

Registrar's Office Fax 419-267-5604
22600 State Route 34 Voice 419-267-1395
Archbold, OH 43502-9542

There is no charge for a transcript. Requests are processed in 5-7 business days.

Printed Name _____ SSN _____ or NSCC ID _____

Other Last Names Used _____

Current Street Address _____ City _____ State _____ Zip _____

Day Phone _____ Date of Birth _____

Student Signature _____ Today's Date _____

Check Appropriate Boxes **Transcripts will not be released if you have outstanding financial obligations to the College.**

- My academic transcript is from the Buckeye School of Practical Nursing (nursing prior to 1990)
- I will pick up (your request will be processed within 5-7 business days)
- Will be picked up by _____ (Name – identification required)
- Send Transcript (will be sent within 4-5 working days)
- Hold until current grades are processed
- Hold until Degree is posted
- Hold for change of grade in Course Number _____ and Title _____

Mail Transcript To:

- Student is responsible for correct and legible address.
- Incomplete address information will result in delay of processing your request.
- **Transcripts will not be faxed or emailed.**
- **Transcripts are mailed through the U.S.P.S.**
- **A maximum of five transcripts can be requested at one time.**
- Some colleges will only accept transcripts that are mailed directly to them.

Quantity of transcripts sent to following address: _____

Name _____

Office or Department _____

Address Line 1 _____

Address Line 2 _____

City, State Zip _____

Quantity of transcripts sent to following address: _____

Name _____

Office or Department _____

Address Line 1 _____

Address Line 2 _____

City, State Zip _____

Quantity of transcripts sent to following address: _____

Name _____

Office or Department _____

Address Line 1 _____

Address Line 2 _____

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