



# 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 5-7 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 \_\_\_\_\_

City, State Zip \_\_\_\_\_

Quantity of transcripts sent to following address: \_\_\_\_\_

Name \_\_\_\_\_

Office or Department \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City, State Zip \_\_\_\_\_