

A. INSTRUCTIONS

1. This form must be completed and signed by the person for whom the record belongs.
2. Answer all items that apply by typing or printing legibly (married women should include their maiden name on the request).
3. Provide the complete name and address of where you wish your transcript(s) to be mailed (i.e.: the college, agency, or employer). If you are requesting transcripts to be sent to more than one address, please use separate forms (this document may be downloaded or copied as many times as needed).
4. Include payment in the appropriate amount with your request(s). Make check payable to NECC. The transcript fee is \$3.00 per request and \$1.00 for each additional transcript within the same request. Multiple request forms received from one individual, in one envelope, are considered part of the same request.

Examples: One transcript requested \$3.00
 Two transcripts requested in one mailing \$4.00
 Three transcripts requested in one mailing \$5.00
 etc...

5. Mail completed form(s) and payment to: Registrar's Office
 Northeast Community College
 P.O. Box 469
 Norfolk, NE 68702-0469
6. Allow 24 hours processing time, from the time your request is received.

B. PERSONAL DATA

1. Social Security Number: _____ - _____ - _____
2. Legal Name: _____
Last Name First Name Middle Name
 Previous Last Name(s): _____
3. Current Address: _____

City State Zip Phone Number
4. a. _____ I am currently enrolled. b. _____ I am not currently enrolled. Year first attended Northeast: _____
5. Signature: _____ Date: _____

For Official Use Only	
# Transcripts Requested	_____
Date Mailed	_____
Amount Paid	_____
Amount Due	_____

C. MAILING DIRECTIONS

1. Number of transcript(s) requested: _____
 2. Check One:
 - Mail as soon as possible to address indicated.
 - Mail transcript(s) to address indicated when grades for current semester are available.
 - Hold until degree/diploma is received, then mail to address indicated.
 3. Mail transcript(s) to address below (Indicate additional addresses on the back of this form):
 - _____
 - _____
 - _____
- _____ Do not mail my transcript, I will pick it up on (date) _____ at (time) _____
- NOTE: A picture I.D. is required when picking up a transcript.