

# Request for Official Transcript

1525 W. California • Gainesville, TX 76240 • (940) 668-4222



**Please note:** Transcripts are not issued until all accounts with the college are paid. Copies of transcripts from other institutions cannot be furnished. Transcripts will not be faxed. Requests made to be mailed to a home or business address must contain the student's handwritten signature and a **PHOTOCOPY of some form of picture identification**, authorizing release of academic information.

**Please print clearly.**

Today's date \_\_\_\_\_ Student ID or SS # \_\_\_\_\_

Last name \_\_\_\_\_

First name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street address \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

- Hold for fall grades
- Hold for spring grades
- Hold for summer grades
- Hold for mini-semester grades

**Please specify course number and semester**

- Hold for grade change \_\_\_\_\_
- Hold for I removal \_\_\_\_\_
- Hold for degree posting

College Name \_\_\_\_\_

Mail transcript to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complete all areas below to ensure proper identification.**

Date of birth: \_\_\_\_\_

Are you currently enrolled at NCTC?  
 Yes  No

Sem./yr. **first** enrolled at NCTC: \_\_\_\_\_

Sem./yr. **last** enrolled at NCTC: \_\_\_\_\_

Other names you may have used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of copies: \_\_\_\_\_

Signature: \_\_\_\_\_  
\_\_\_\_\_

**For office use only**

Received by: \_\_\_\_\_  
\_\_\_\_\_

Records on hold with:

- Registrar's office
- Business office
- Library
- Bookstore