

Complete and Mail or Fax to:
 Northcentral Technical College
 Student Services-Transcripts
 1000 W. Campus Drive
 Wausau, WI 54401-1899

NTC TRANSCRIPT REQUEST



Today's Date: _____

Phone: 715-675-3331, Ext. 4015
 Fax No.: 715-803-1991

TRANSCRIPTS OR CERTIFICATIONS MAY BE WITHHELD IF OVERDUE OBLIGATIONS
 TO THE COLLEGE HAVE NOT BEEN SATISFIED

STUDENT'S SIGNATURE REQUIRED _____

Date: _____

Your signature authorizes NTC to release your transcript(s) as requested.

PLEASE PRINT CLEARLY

STUDENT INFORMATION:

Identification Information	Student ID	Social Security #	Birthdate	
Name	Last	First	Middle	Maiden/Previous
Current Address	Number and Street		City	State Zip
Contact Information	Email Address		Daytime Phone Number ()	
Dates of Enrollment Mo./Yr.	First Enrolled	Last Enrolled	Degrees Received and Year	

TRANSCRIPT INFORMATION:

CLASSES TAKEN PRIOR TO 1995: Yes No

GRADUATED OR EXPECTED DATE OF GRADUATION:

May Aug. Dec. Year _____

PROCESS TRANSCRIPT:

- Now
- Hold until this semester's grades are recorded
- Hold until graduation

Number of Transcripts Requested

PAYMENT:

Enclosed is a check payable to NTC (\$5/copy)

Credit Card

Master Card/Visa # _____ - _____ - _____

V Code _____ (Last 3 # on back of card by signature line)

Exp. Date _____ / _____

MAIL TRANSCRIPTS TO: Student's address above or to:

*Our normal processing time is 3-5 business days from when the request is received.

LIST ADDITIONAL ADDRESSES ON THE BACK