



NCU
Northcentral University

TRANSCRIPT REQUEST FORM

\$10 Fee per Official Transcript

RETURN FORM TO:

Scottsdale Service Center
Attn: Office of the Registrar
8667 East Hartford Drive, Suite 110, Scottsdale, AZ 85255
Fax: 844.851.5907 / E-mail: transcriptrequest@ncu.edu

STUDENT INFORMATION

Name

Name at Time of Attendance (if different)

Date of Birth

Last 4 digits of SSN

Dates of Attendance

Student Email

Address

City, State, Zip

Phone

RECIPIENT INFORMATION

Name

Institution

Choose a Delivery Option:

Option One: Physical Delivery – Mail Transcript To:

Address

Address 2 (optional)

City

State

Country

Postal Code

Option Two: Electronic Delivery – E-mail Transcript To: _____

Please verify that the institution will accept an electronic version of your official transcript. At this time electronic transcripts cannot be sent to Yahoo e-mail addresses.

Choose Quantity and Type:

Number of copies: _____

Send Transcript: **Now (allow 7 – 10 business days processing time)**
(check only one)

Transcript Type: Official
 Unofficial – no charge

When grade in current course has posted
 Once degree is conferred

AUTHORIZATION

With my handwritten signature, I authorize Northcentral University to release copies of my academic records to the person or institution indicated above.

Student's Signature (Check and Card)

Date

PAYMENT INFORMATION

Number of Transcripts Ordered: _____ x \$10.00 per official transcript = **Total Amount Due:** \$ _____

Check Enclosed: Charge Credit Card:

Visa MasterCard AMEX Discover

Credit Card Number

Expiration Date