



TRANSCRIPT REQUEST FORM

\$10 Fee per Official Transcript

RETURN FORM TO: Northcentral University -Scottsdale Service Center
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 *and/or* _____
Last 4 digits of SSN

Dates of Attendance *and/or* _____
Graduation Year

Address

City, State, Zip

Phone

Email Addresses on File

RECIPIENT INFORMATION

Name

Institution

and/or

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)

When grade in current course has posted

Transcript Type: Official

Unofficial – *no charge*

Once degree is conferred

REQUIRED STUDENT AUTHORIZATION

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

Student's Signature

Date

PAYMENT INFORMATION

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

Check Enclosed: Charge Credit Card on File:

TO MAKE A PAYMENT USING A DIFFERENT CREDIT CARD ACCOUNT CALL 888-628-6911 x8709