

North Central College Admission Applicant: Transcript Request Form

Instructions to the Applicant

Request a copy of your transcripts from any and all high schools, colleges, and universities attended.

Today's Date: ____ / ____ / ____

Name: _____
 Last First Middle Maiden

Mailing Address: _____
 Number and Street (Apartment if applicable)

 City State Zip/Postal Code Country

Date of Birth: ____ / ____ / ____ Social Security Number or Institutional ID: _____

Name of Institution: _____

Dates Attended: _____ to _____
 Month/Year or Term Month/Year or Term

Enclosed Transcript Fee (if applicable): \$ _____

INFORMATION RELEASE AUTHORIZATION

I understand that it is my responsibility to request any and all transcripts from institutions attended. These transcripts will not be requested by North Central College. My signature below authorizes release of my transcripts. I understand that if there are any charges for the transcripts, I am responsible and should be notified at the above address.

Student's Signature: _____

Instructions to the Institution

Please send one (1) official copy of the above student's transcripts to:

North Central College
 Office of Admission
 30 N Brainard Street
 Naperville IL 60540
 USA

Contact the North Central College Office of Admission with any questions
 at 1-630-637-5800 or admission@noctrl.edu.