

NASHUA COMMUNITY COLLEGE

505 Amherst Street, Nashua, NH 03063

Fax: (603) 883-1636 Email: NCCRegistrar@ccsnh.edu

OFFICE USE ONLY

Processed By: _____

Date: _____

AUTHORIZATION TO RELEASE TRANSCRIPTS

THE COLLEGE RESERVES THE RIGHT TO WITHHOLD, DENY, OR CANCEL ANY TRANSCRIPT REQUEST DUE TO OUTSTANDING FINANCIAL OBLIGATIONS WITH NASHUA COMMUNITY COLLEGE OR ANY CCSNH INSTITUTION. THIS INCLUDES, BUT NOT LIMITED TO: COURSE TUITION, PROGRAM OF STUDY FEES, GRADUATION FEES, ETC.

ELECTRONIC TRANSCRIPT INFORMATION:

Nashua Community College (NCC) has partnered with the National Student Clearinghouse (NSC), to provide our students and alumni online transcript ordering. If you have attended NCC since 1993, electronic and paper transcripts are available when ordered online at: <https://tsorder.studentclearinghouse.org/school/select>. Electronic transcripts are not available to those who attended NCC prior to 1993. If you attended prior to 1993, please complete the rest of this form and submit it to the Registrar's Office for processing.

REQUESTOR INFORMATION:

Date Requested: ____/____/____ Date of Birth: ____/____/____ Student ID: A_____

Name: _____ Last 4 Digits of Social Security # _____

Address: _____
STREET CITY STATE ZIP

Home Phone: () ____-____ Cell Phone: () ____-____ Email: _____

Prior Name (Maiden) _____

IF NAME CHANGE IS REQUIRED ON OFFICIAL TRANSCRIPT YOU **MUST** PROVIDE PROOF OF NAME CHANGE. (I.e. COPY OF DRIVER'S LICENSE, MARRIAGE LICENSE, SSN CARD, etc.)

ENROLLMENT STATUS:

____ Currently Enrolled ____ Former Student Major: _____

Year Graduated: ____ Year Withdrawn: ____ Dual Enroll: Running Start: ____ Early College: ____

PLEASE STATE REASON FOR TRANSCRIPT REQUEST BELOW:

TRANSCRIPT ACTION:

____ Mail transcript immediately

____ Student will pick-up

____ Hold for current semester final grades

____ Hold until notation of graduation is posted

Number of Copies: _____

Mail to:

Requestor Signature: _____

Date: ____/____/____