NORTHLAND
COMMUNITY & TECHNICAL COLLEGE

Campus attended (Please mark all that apply):
❑ **TRF** ❑ **EGF** ❑ **Distance Ed**

Mail to:
Northland Community & Technical College
Transcript Requests
1101 Highway 1 East
Thief River Falls, MN 56701

A **$8 fee** is charged for each official or unofficial transcript requested.

Signature and payment must be made prior to the transcript being released.

Northland is asking you to provide information that includes private and/or confidential information under state and federal law. Northland is asking for this information in order to process this form. You are not legally required to provide the information we are requesting; however, **the college may not be able to effectively process this form without it**.

_____/_____/_____
Star ID/Student ID or last four digits of Social Security Number Birth Date

_____
Signature Today's Date

_____
Last Name First MI Prior Name/s

_____
Street Address City State/Zip

_____
☐ **E-mail Address** (Required for follow-up) Cell Phone Home Phone Work Phone

_____ _____
Program/Major Years Attended (0000-0000) Last Year Attended

Official transcripts are sent directly to another college, university, or to an official of an organization. Official transcripts may be the only form that a college or university accepts for transfer of credit. **Student copies may be accessed FREE of charge by logging into your academic record at www.northlandcollege.edu/eservices/grades/** If you have attended Northland Community and Technical College since 1990 and are transferring to another institution within the MnSCU system, you do not need to request your transcript. Your Northland Community and Technical College transcript is automatically available within the MnSCU system provided you do not have any holds on your records (such as an outstanding balance, etc).

Send to: **Complete mailing address required**
Name of Institution: _____
Attention: _____
Address: _____
City/ State/ Zip: _____/_____/_____

SPECIFIC DIRECTIONS FOR TRANSCRIPTS
- ☐ **Send Immediately**
- ☐ **Send after grades posted** ☐ Fall ☐ Spring ☐ Summer
- ☐ **Hold until Degree or Award is recorded**

Charge is processed Immediately

Office Use Only
Amount Paid: _____
Initials: _____

Make check or money order payable to NCTC. DO NOT SEND CASH.
For credit card payment complete the following:

Amount: _____ ☐ VISA ☐ MasterCard ☐ Discover

Credit Card Number: _____ Credit Card Expiration Date: _____/_____/_____

Name as it appears on credit card: _____