



Request for Transcript of Academic Record

There is no charge for a transcript.

Printed Name _____ SSN _____ or NSCC ID _____

Other Last Names Used _____

Current Street Address _____ City _____ State _____ Zip _____

Day Phone _____ Date of Birth _____

Student Signature _____ Today's Date _____

Is your academic transcript from the Buckeye School of Practical Nursing? _____ Yes _____ No

Check Appropriate Boxes: Transcripts that are picked up are automatically stamped "Student Copy". Some colleges will only accept transcripts that are mailed directly to them.

*** Transcripts will not be released if you have outstanding financial obligations to the College. ***

Indicate the number of transcripts needed: _____

- I will pick up (your request will be processed within 4-5 working days)
- Will be picked up by _____ (Name – identification required)
- Send Transcript (will be sent within 4-5 working days)
- Hold until current grades are processed
- Hold until Degree is posted
- Hold for change of grade in Course Number _____ and Title _____

Mail Transcript To:

Student is responsible for correct and legible address. Incomplete address information will result in delay of processing your request.

Send to Address Above _____

Name _____

Name _____

Address Line 1 _____

Address Line 1 _____

Address Line 2 _____

Address Line 2 _____

City, State Zip _____

City, State Zip _____