

# OFFICIAL TRANSCRIPT REQUEST FORM

## STUDENT INFORMATION

Current Name:

First

Middle

Last

Last Name During Attendance:

Date of Birth:

Student ID # **OR** Last 4 digits of SSN #:

Telephone #

Current Mailing Address:

Email address:

Attendance time period: (estimate)

## TRANSCRIPT INFORMATION

Transcripts will not be issued if you have any outstanding financial obligations with NHTI or any CCSNH Institution. Please allow up to two weeks for your transcript to arrive at the destination.

### Transcript Action:

Process transcript now

Hold processing for final posting of current semester grades

Hold processing until degree is awarded

**Number of transcripts  
requested:**

### **Issue Transcript To:**

Name/Institution

Mailing Address

**Student Signature  
(Required)**

**Date:**

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### Registrar's Office Use Only

**Date Processed:**

**Employee Initials:**

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