



NCU
Northcentral University

Email or Mail Request to:

registrar@ncu.edu

Northcentral University
Attn: Registrar's Office
8667 E. Hartford Drive Suite 110
Scottsdale Arizona 85255
FAX: 928-541-7817

TRANSCRIPT REQUEST MAIL IN FORM
\$10 Fee per Official Transcript

FILL OUT THE FOLLOWING

Name		Previous Name		Email Address	
Student ID#	or Last 4 digits of SS#	Date of Birth	Dates of Attendance	Year Graduated, if applicable	
Address		City, State, Zip		Phone	

Number of copies needed: _____ Requesting: Official Unofficial

Send: Now When Grades are Posted: After degree awarded:

* Mail transcript to:

Name		Institution			
Address		City	State	Zip	

**Email transcript to: _____

- * Print receiver's name or "Self" if you would like the transcript(s) sent to you. Official transcripts must be in a sealed envelope and are not to be opened by student. If requesting more than one address, please fill out page 2.
- ** Please verify that the institution will accept an electronic version of your official transcript before requesting an electronic version be sent.

PAYMENT INFORMATION

Check Enclosed: Amount of check (\$10 x # of official transcripts ordered): \$ _____

Pay by Credit Card: Visa MasterCard AMEX Discover

Credit Card #	Exp. Date
Signature	Date

With my signature, I authorize Northcentral University to release copies of my academic records to the person or institution indicated above with the understanding that the named recipient will not release the record to a third party without my written consent.

ADDITIONAL TRANSCRIPTS REQUESTED

Send: Now When Grades are Posted: After degree awarded:

Mail transcript to: _____ Requesting: Official Unofficial

Name Institution

Address City State Zip

Email transcript to: _____

Send: Now When Grades are Posted: After degree awarded:

Mail transcript to: _____ Requesting: Official Unofficial

Name Institution

Address City State Zip

Email transcript to: _____

Send: Now When Grades are Posted: After degree awarded:

Mail transcript to: _____ Requesting: Official Unofficial

Name Institution

Address City State Zip

Email transcript to: _____

Send: Now When Grades are Posted: After degree awarded:

Mail transcript to: _____ Requesting: Official Unofficial

Name Institution

Address City State Zip

Email transcript to: _____