

# NASHUA COMMUNITY COLLEGE

Office of the Registrar  
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## Authorization to Release Transcripts

### TRANSCRIPT INFORMATION

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

### REQUESTOR INFORMATION:

Date Requested: \_\_\_/\_\_\_/\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Student ID: A\_\_\_\_\_

Name: \_\_\_\_\_ Last 4 Digits of Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

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, social security card.)

### ENROLLMENT STATUS:

\_\_\_ Currently Enrolled \_\_\_ Former Student Program: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Year Withdrawn \_\_\_\_\_ Day Division  Evening Division

### PLEASE STATE REASON FOR TRANSCRIPT REQUEST:

\_\_\_\_\_  
\_\_\_\_\_

### TRANSCRIPT ACTION:

Check one:

Number of copies: \_\_\_\_\_

\_\_\_ Send transcript immediately

Send to:

\_\_\_ Student will pick-up

\_\_\_\_\_

\_\_\_ Hold for current semester final grades

\_\_\_\_\_

\_\_\_ Hold until notation of degree or award in posted

\_\_\_\_\_

PLEASE ATTACH OR WRITE ON THE BACK FOR ADDITIONAL ADDRESSES →

Requestor Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

### FOR OFFICE USE ONLY

Date Processed: \_\_\_\_\_

Transcript Mailed: \_\_\_\_\_

Processed By: \_\_\_\_\_