

NORTHWEST-SHOALS COMMUNITY COLLEGE

TRANSCRIPT RELEASE FORM

P.O. Box 2545
Muscle Shoals, AL 35662

2080 College Road
Phil Campbell, AL 35581

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| <p>PLEASE PRINT complete name as shown on college records</p> | <p>STUDENT'S NAME</p> <p style="text-align: center;">_____ LAST FIRST MI MAIDEN</p> | <p>STUDENT IDENTIFICATION NUMBER</p> |
| | <p>ADDRESS</p> <p style="text-align: center;">_____ STREET</p> | <p>PHONE NUMBER</p> |
| | <p style="text-align: center;">_____ CITY STATE ZIP CODE</p> | <p>DATE OF BIRTH</p> |
| | <p>STUDENT SIGNATURE (REQUIRED BY LAW)</p> | <p>DATE OF REQUEST</p> |
| | | <p>NUMBER OF TRANSCRIPTS REQUESTED</p> |

REMARKS: _____

USE A SEPARATE FORM FOR EACH MAILING ADDRESS

Please Forward Transcripts To -----

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| <p>LAST DATE ATTENDED _____</p> <p>Hold for current semester grades <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF GRADUATE, INDICATE YEAR _____</p> |
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| <p>-OFFICE USE ONLY-</p> <p>DATE SENT _____</p> <p>PROCESSED BY _____</p> |
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