

NORTHWEST-SHOALS COMMUNITY COLLEGE TRANSCRIPT RELEASE FORM

P.O. Box 2545
Muscle Shoals, AL 35662

2080 College Road
Phil Campbell, AL 35581

PLEASE PRINT complete name as shown on college records	STUDENT'S NAME	STUDENT IDENTIFICATION NUMBER
	LAST _____ FIRST _____ MI _____ MAIDEN _____	PHONE NUMBER
	ADDRESS	DATE OF BIRTH
	STREET	DATE OF REQUEST
	CITY _____ STATE _____ ZIP CODE _____	NUMBER OF TRANSCRIPTS REQUESTED
STUDENT'S EMAIL ADDRESS	STUDENT SIGNATURE (REQUIRED BY LAW)	

REMARKS: _____

USE A SEPARATE FORM FOR EACH MAILING ADDRESS

Please Forward Transcripts To -----

LAST DATE ATTENDED _____
Hold for current semester grades <input type="checkbox"/> Yes <input type="checkbox"/> No
IF GRADUATE, INDICATE YEAR _____

-OFFICE USE ONLY-
DATE SENT _____
PROCESSED BY _____

Fax Transcript Requests to:

Muscle Shoals Campus: (256) 331-5366

Phil Campbell Campus: (256) 331-6292