# OFFICIAL TRANSCRIPT REQUEST FORM

NHTI - Concord's Community College
Registrars Office, 31 College Drive, Concord, NH 03301-7412
Ph:(603) 271-7142 Fax:(603) 271-6431
Email: NHTIRegistrar@ccsnh.edu

## STUDENT INFORMATION

Current Name _____
**First** **Middle** **Last**

Maiden Name (if applicable)_____ Date of Birth_____

Student ID # **OR** Last 4 digits of SSN #_____ Telephone # _____

Current Mailing Address _____

_____

Email address: _____

**Attendance time period: (circle one) Before 1990 After 1990 Both**

## TRANSCRIPT INFORMATION

**The first (2) transcripts are free. All additional transcripts cost $3.00 per request. Payment must be included if required. Transcripts will not be issued if you have any outstanding financial obligations with NHTI or any CCSNH Institution.**

**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: _____
Address: _____
_____
_____

_____ _____
**Student Signature (Required)** **Date**

Registrar's Office Use Only

Date Processed _____ Fee Amount _____ Employee Initials _____

**Method of Payment:** ☐ Cash _____ ☐ Check Enclosed (payable to: **NHTI Concord's Community College**)

☐ Credit Card: ☐Mastercard ☐ Visa ☐Discover
Name on card (if different from above):_____
Account #:_____ Exp Date:_____
Billing Address:_____
Street City State Zip
Signature:_____

09-19-11