

**Registrar's Office**  
P: 603-230-4014  
F: 603-230-9314  
[NHTIRegistrar@ccsnh.edu](mailto:NHTIRegistrar@ccsnh.edu)

## Transcript Request Form

Use this form if you attended before 1991 – Paper transcripts only All others order through the National Student Clearinghouse:  
<https://tsorder.studentclearinghouse.org/school/ficcode/00258100>

**Current name**

\_\_\_\_\_

First

Middle

Last

**Last name during attendance**

\_\_\_\_\_

**Date of birth**

\_\_\_\_\_

**NHTI student ID or last 4 of SS#**

\_\_\_\_\_

**Phone #**

\_\_\_\_\_

**Current address**

\_\_\_\_\_

\_\_\_\_\_

City

State

ZIP

**Email address**

\_\_\_\_\_

**Attendance period (estimate)**

\_\_\_\_\_

### Transcript Information

Transcripts will not be issued if you have an outstanding financial obligation with NHTI or any CCSNH Institution. A \$5.00 per transcript fee is due before transcript can be processed. Please allow up to two weeks for your transcript to arrive at the destination.

**Transcript action:**

- Process transcript now  
 Hold processing for final posting of current semester grades  
 Hold processing until degree is awarded

# of transcripts requested \_\_\_\_\_

**Issue transcript to:**

Name/institute

\_\_\_\_\_

Attention

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

**Student signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Payment information:**

Please call the Registrar with credit card information: 603-230-4014

Total cash payment

\_\_\_\_\_

Total check payment

\_\_\_\_\_

Check #

\_\_\_\_\_

Updated 03-22