



NORTHSHORE
TECHNICAL COMMUNITY COLLEGE

OFFICIAL TRANSCRIPT REQUEST

Campus: _____

Dates Attended: **From:** Semester _____ Year _____ **To:** Semester _____ Year _____

Program(s) in which you were enrolled: _____

Student Name: _____

Previous Name(s): _____

Social Security Number: _____ **Phone Number:** _____

Number of Copies Requested: _____

Please forward a copy of the requested transcript(s) to the address noted.

Name: _____

Mailing Address: _____

City: _____ **State:** Louisiana **Zip:** _____

Please forward an Official Transcript to the employer/educational institution noted.

COMPANY NAME: _____

Attention: _____

Employer Address: _____

City: _____ **State:** Louisiana **Zip:** _____

EDUCATIONAL INSTITUTION: _____

Attention: _____

Address: _____

City: _____ **State:** Louisiana **Zip:** _____

For Office Use

Date Requested: ____ / ____ / ____ **Administrative Fee:** _____

Request Processed by: _____ **Date Processed:** ____ / ____ / ____