

NORTH IOWA AREA COMMUNITY COLLEGE TRANSCRIPT REQUEST FORM

Date

Last Name First Middle Previous Name(s) SS#

Street Address City State Zip Code

(____) _____
Daytime Phone Birth date

Are you currently enrolled at NIACC? Yes No

If no, what were your approximate dates of attendance? _____

Please release my transcript to:

Send: (On a semester basis only the one that applies)

(Circle)
Immediately
After Final Grades for Term
After Graduation Notation

I authorize my transcript to be released as indicated above.

Signature

Mail or Fax to:

**North Iowa Area Community College
Records Office
500 College Drive
Mason City, IA 50401**

Fax# 641-422-4150

A maximum of five transcripts may be requested at one time. Transcripts of work completed at other schools are not available for redistribution by NIACC.