

North Iowa Area Community College

Records Office 500 College Drive • Mason City IA 50401 Ph: 641-422-4376 Fax: 641-422-4150 or 641-423-1711

Transcript Request

PERSONAL INFORMATION Please Print			
Last Name	First	Middle	Former Name(s)
PO Box/Street Addre	255		Social Security Number or NIACC Student ID
City	State	Zip Code	Birth Date
Daytime Phone			_
Are you currently en	rolled at NIACC? □ Ye	s □ No If no, dates	of attendance
TRANSCRIPT INF	ORMATION		
Mail my transcript(s)	to:		
Recipient			Check the statement that applies:
Institution/Business			Send immediately Send after final grades for term Send after graduation notation
Mailing Address			_
City	State	Zip Code	_
If you need your tran (Transcripts that are	script faxed, please indi faxed may not be consid	cate fax number: dered as OFFICIAL by	the receiving institution.)
SIGNATURE (REC	UIRED) I authorize my	transcript to be release	ed as indicated above.
Signature	Date Date		
redistribution Transcripts c Transcripts w A separate fo Official transc	by NIACC. annot be emailed. <i>v</i> ill not be released if a stud orm must be completed for cripts must be sent by U.S.	ent has outstanding finan each institution/business. mail. Normal processing	time is one week.
Note: You can also or	per transcripts using studer	itclearinghouse.org if you	are currently enrolled or attended fall 2005 or later.

Mail or Fax this completed form to the above address.