Please fill out form and forward it to:

## **North Shore Community College - Transcript Request Form**

North Shore Community College Enrollment & Student Records Office

One Ferncroft Road Danvers, MA 01923 Fax: 978-762-4015 Email: records@northshore.edu Current Name: Current Address: City, State, Zip: \_\_\_ Phone: Date of Birth: Name while attending: (if different from current) Graduated: \_\_\_\_\_Yes \_\_\_\_\_No Program of Study\_\_\_\_\_ Please check the type of transcript you are requesting: NSCC All Credit Coursework (including ESL and Developmental) NSCC College-Level Credit Coursework only NSCC Aesthetics, Cosmetology or Fiber Optics Coursework Essex Aggie Coursework Year of graduation: \_\_\_\_\_ **Current students only:** Please process after grades have been issued Please process after graduation SIGNATURE REQUIRED FOR RELEASE: Recipient/College/Business name and address where you would like transcript sent (please use back for additional requests).

Upon receipt of the completed request, official transcripts are normally mailed within 5 to 7 business days except during peak work periods. Requests for multiple copies may slow down the processing time.