REQUEST FOR OFFICIAL TRANSCRIPTS

Transcript Regulations:

Failure to provide any and all correct information will result in transcripts not being processed. Please allow up to 5 business days to process. No requests will be processed without a written signature.

- During peak periods (such as registration, commencement, final examinations, etc.), there may be some delay.
- Transcripts are sealed in separate envelopes.
- Transcripts given/sent to students are stamped “ISSUED TO STUDENT.” Most institutions will not accept these as an official transcript.
- WNC offers 10 complimentary transcripts to each student. Additional transcripts are $2 each. Beginning fall 2011, each official transcript will cost $2.
- Transcripts cannot be issued until all debts owed to the college are paid in full.

All information REQUIRED

Student ID or Social Security Number: ___________________________ Birth date: ___________________________

Name: ___________________________________________ Phone number: (____) __________________

Last Name First Name MI

Any other names used: __________________________________________

Mailing Address: ___________________________________________________________

Street/PO Box City State Zip

Signature Date

Please check all that apply:

☐ Process Now

☐ Process after final grades are recorded for the following semester:

(Please allow 10 business days, from the last day of the semester, for official grades to be posted)

☐ Fall ☐ Spring ☐ Summer

☐ For recent graduates, process after degrees are posted

Please check from the following:

☐ ELECTRONICALLY to (all electronic transcripts will be sent directly to each school’s Admissions and Records Office only)

Circle all that apply: UNR UNLV NSC TMCC CSN GBC

☐ PICK UP Photo ID is REQUIRED for pick up, NO EXCEPTIONS.

☐ SELF ☐ OTHER (list name of other to pick up) __________________________________________

☐ US MAIL Please print clearly BELOW. Student MUST fill out address as it should appear in the mailing window.

Please indicate how many transcripts are to be sent to the following mailing address:

Name ___________________________________________ Address ___________________________________________

City State Zip

For office use only:

Specialist Initials: _______ Date: __________

Approved: ☐ Denied: ☐

Reason for denial: __________________________________________

If needed, use additional forms for transcript requests.

11/16/2010