

Notre Dame College

Mail Form to: 4545 College Road
South Eudid, OH 44121
ATTN: Registrar's Office

Questions: 216.373.5285

**TRANSCRIPTS ARE \$4 PER COPY -- 3-5 DAYS;
\$10 PER COPY -- ON-THE-SPOT SERVICE;
\$10 PER COPY -- 24-HOUR SERVICE;
\$25 PER COPY -- OVERNIGHT MAIL.**
NO TRANSCRIPT CAN BE ISSUED IF THERE IS
ANY OUTSTANDING BALANCE DUE TO NDC OR IF
EITHER PAYMENT OR SIGNATURE IS MISSING.
**Only the last 4 digits of your SSN# will appear
on your transcripts**

Transcript Request Form

PLEASE PRINT ALL INFORMATION LEGIBLY.

Student I.D./SSN # _____ Date of Birth _____ NDCollege Grad Year _____
Last Name _____ First Name _____ Middle _____
Maiden or Former Name(s) used at NDC _____
Current Address _____
City _____ State _____ Zip _____
Home Phone _____ Daytime Phone _____

NUMBER OF TRANSCRIPTS REQUESTED: _____ **AMOUNT ENCLOSED:** _____

CURRENTLY ENROLLED: _____ **YES** _____ **NO** _____ **IF NO, LAST TERM ATTENDED:** _____

FOR PROCESSING: (Please check)

_____ Mail immediately as is

_____ Mail when degree is posted

SEND TRANSCRIPTS TO: (Include Department or Individual Title/Name, if applicable)

NOTE: Official transcripts sent directly to a student are marked "ISSUED TO STUDENT" and may not be accepted by a third party.

USE THE REVERSE SIDE FOR ADDITIONAL ADDRESSES IF MORE TRANSCRIPTS ARE REQUESTED.

I AUTHORIZE THE RELEASE OF INFORMATION CONTAINED IN MY ACADEMIC TRANSCRIPTS TO THE PARTIES LISTED ABOVE:

Signature _____

Date _____

rev. 06/08