



NORTH IDAHO COLLEGE

Registrar's Office
1000 W. Garden Avenue
Coeur d'Alene, ID 83814

Phone: (208) 769-3320
Fax: (208) 769-5976

TRANSCRIPT REQUEST

Student information:

Name _____ Birthdate _____
Last First Middle
Student ID # or SSN _____ Previous Name(s) _____
Current address _____
City _____ State _____ Zip _____ Phone _____
If you attended prior to 1992, approximate *first* year of enrollment: _____

Send to:

Name _____ ATT _____
Address _____ City _____ State _____ Zip _____
 Hold for pick-up by student (photo ID required)
Check only one:
 Process now
 Process when **grades** are posted at end of current semester
 Process when **degree** is posted at end of current semester

Payment

Standard Processing.....\$5.00 per transcript \$ _____
Processed within 5 business days; Standard U.S. mail or held for student pick-up

Rush or FAX.....\$10.00 per transcript \$ _____
Processed within 24 hours (business days); Check one:
 Standard U.S. Mail
 Hold for pick-up by student
 Fax* to _____
**Note: Student should verify transfer institution's policy on acceptance of faxed transcripts*

Rush + Express Mail Delivery.....\$30 (\$10 per transcript + \$20 per delivery) \$ _____
Delivered next business day by noon (if completed request received before noon)
U.S. destinations only; cannot deliver to PO Boxes
Destination phone # required _____

Student signature _____ **Date** _____

Charge my Visa or Mastercard # _____
3-digit Security Code located on signature strip _____
Exp Date: _____ Name as it appears on card _____
Signature _____