RECORDS REQUEST FORM

North Country Community College
P. O. Box 89, Saranac Lake, NY 12983-0089 records@nccc.edu

Please print all information neatly and clearly.

Name_____ **Social Security #:**_____
First MI Last

Other Names Used _____

Day Phone Number _____

Student's current address: _____

Evening Phone Number_____

_____ **Date of this Request:**_____

_____ _____

E-Mail address:_____ ☛ ***Student's Signature (Required)***

DOCUMENT(S) NEEDED ***For current fee amounts, contact Records Office at: (518) 891-2915 ext. 689; 1-888-879-6222 ext 245; records@nccc.edu***

☐ OFFICIAL Transcript (fee) - # of copies:_____

☐ UNOFFICIAL Transcript (no fee) - # of copies:_____

☐ Verification of Enrollment Letter (no fee):
Reason for Verification of Enrollment Letter:
☐ Insurance ☐ Loan Deferment ☐ Other_____

☐ Health/Immunization Records (fee)

☐ Other Records Needed_____

MAILING INSTRUCTIONS:

☐ Mail out immediately
☐ Hold for semester grades
☐ Hold until degree is posted
☐ Will pick up on:_____
☐ FAX unofficial transcript ($2.00 fee per page)

MAIL REQUEST TO: You are responsible for exact name, office & complete address to which form is to be sent.

_____
_____
_____
_____
_____

MAKE ALL CHECKS PAYABLE TO: NORTH COUNTRY COMMUNITY COLLEGE

OFFICE USE ONLY – Date Paid:_____ Amount Paid:_____ Receipt # _____ Initials:_____
Date Sent:_____ By:_____