

# TNTC

The National Teachers College

## OFFICE OF THE REGISTRAR

### TRANSCRIPT REQUEST FORM

#### Section I. Student Information

Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ Email \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street City State Zip

Please list degree and year received: \_\_\_\_\_

Signature \_\_\_\_\_ (Form must be signed by the students to be processed.)

#### Section II. Delivery Method

Please indicate the number of transcripts to be sent:

By FAX

\$10 per copy

(Quantity)

Attn: \_\_\_\_\_

Fax # \_\_\_\_\_

By Mail

\$5 per copy

(Quantity)

**Mailing Addresses:**

Please write one address in the box below.

Please include a typed page with additional addresses, if needed. No need to include another transcript form.

Would you like delivery via FedEx for an additional

\$21 per address?  **Yes**

**Section III. Payment Information**

**Please select method of payment:**

\_\_\_\_\_ Check/Money order    \_\_\_\_\_ MasterCard    \_\_\_\_\_ Visa    \_\_\_\_\_ Discover

Total Amount: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street City State Zip

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CCV# \_\_\_\_\_

**Section IV. Submission**

Please print, sign and then fax or mail this form to:

**The National Teachers College**  
**P.O. Box 21395**  
**Cleveland, Ohio 44121**