



NORTHEASTERN JUNIOR COLLEGE

Transcript Request Form

Student Information

Social Security Number (required) _____ Birth date _____
(or Student ID number)

Name _____ Former Name used at NJC _____

Address _____ Dates of Attendance _____

City _____ State _____ Zip _____ Phone _____

Request

- Sealed Copy
Hold for current semester's grade
Hold until degree is recorded
Hold for change of grade/incomplete: Course _____ Term _____
Changed from _____ to _____

Pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for release of my academic record as indicated.

Signature _____ Date _____

Mail Transcript To or Pick Up
Name
Organization
Address
City State ZIP
FAX Number

- NOTES:
Transcripts will not be provided for students with financial and other obligations to the college.
Please allow one week for processing
View your records online at http://www.njc.edu, click "Current Students."

Mail Transcript To or Pick Up
Name
Organization
Address
City State ZIP
FAX Number

Direct Inquiries to:
Transcripts
Records Office
Northeastern Junior College
100 College Avenue
Sterling, CO 80751
Phone: 970.521.6700 Fax: 970.521.6715

Mail Transcript To or Pick Up
Name
Organization
Address
City State ZIP
FAX Number

OFFICE USE ONLY Printed _____ Date _____

Special Processing Fee: _____ Paid _____ Date _____