

Request for Academic or CE Transcript

Allow 2 weeks for processing. Multiple transcripts may be requested on this form.

Date: _____ Dates of Attendance: _____

Name: _____

Address: _____

Phone: _____ E-mail address: _____

(Please print clearly; we will e-mail you when your request has been completed.)

CE TRANSCRIPT

- Current:** all courses completed in the past 5 years \$5
 Historic: all courses completed at NESAs \$10

ACADEMIC TRANSCRIPT

- Preparation of California Curriculum Documentation forms \$100* allow AT LEAST three weeks
 Other state documentation no charge

MAILING

- First class mail no charge
 Priority mail service (domestic) \$10
 Overnight mail service (domestic) \$25
 International \$10

Make checks payable to "NESAs".

Total enclosed: \$ _____

Send to:

When:

- NCCAOM** (academic transcript required to sit the Boards, and at graduation) Now Graduation
 Massachusetts COA (graduation transcript required for licensure) Now Graduation
 Student (yourself)

Official Copy (if you open the sealed envelope, it is no longer official) Now Graduation

Send To: address above student mailbox

Student Copy (student copies of the final transcript are sent with the diploma) Now Graduation

Send To: address above student mailbox e-mail

- Other:** _____ Now Graduation

Street Address: _____

City/State/Zip: _____

Signature: _____

In accordance with Family Education Rights and Privacy Act of 1974, your signature is required to release your records.

PLEASE RETURN COMPLETED FORM WITH APPROPRIATE PAYMENT TO THE REGISTRAR.