



NORTHERN MARIANAS COLLEGE
Office of Admissions and Records (OAR)
 P.O. Box 501250, Saipan, MP 96950
 Tel: (670) 234-5498 ext: 6768/69/70/71
 Fax: (670) 235-4967
 E-mail: admissions@marianas.edu

TRANSCRIPT REQUEST FROM OTHER INSTITUTIONS

PLEASE READ BEFORE FILLING FORM

Most institutions already have their own transcript request form on their website or at their registrars' offices. If they do not have a form, you may use this form to request transcripts (from high schools, colleges, or universities that you have attended) to be sent to the Northern Marianas College. Any applicable fees or charges resulting from this request will be the responsibility of the requesting individual. Please contact the institution for more information.

To the Registrar / Records Clerk of:

Name of High School, College, or University	
Street Address	
City / State / ZIP	

Please send the following official records:

Number of Copies	Type of Record
	Official high school transcript / record showing date of graduation
	Official college / university transcript

Student Information:

Date of Graduation (if applicable)					
Last Name		First Name		Middle Name	
Maiden name					
Date of Birth		Social Security Number			
Mailing Address					
City/State		Zip Code			
Telephone		Email			

Please send the official, sealed records to:

Office of Admissions and Records Northern Marianas College P.O. Box 501250 Saipan, MP 96950 USA
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I hereby affirm that I am making this request and agree to pay for any related fees or charges.

Print Name

Signature

Date