



NORTH IDAHO COLLEGE

REQUEST FOR TRANSCRIPT

PLEASE PRINT:

TO: Registrar

Date: _____

Institution: _____

STUDENT INFORMATION:

Name(s) while attending: _____

Current Name: _____

Dates of Attendance: _____

Birth Date: _____ Student ID: _____

Student's Signature: _____

Present Address: _____

Phone Number: _____

INSTRUCTIONS:

Please mail an official copy of my transcript to:

North Idaho College
Office of Admissions
1000 West Garden Avenue
Coeur d'Alene ID 83814-2199

Please FAX an official copy of my transcript to:

North Idaho College Admissions
208.769.3399

Transcripts must be faxed directly from the institution and must include:

- Institution name
- Sender's name and position
- Transcript key or legend
- Student name and identification number
- Number of pages
- Date and time of fax
- FAX header showing the name and office of sending institution

Faxed transcripts must be legible