Transcript Request Form

NORTH CENTRAL UNIVERSITY
910 Elliot Ave. Minneapolis, MN 55404

Name:

Last Name | M.I | First Name

To: Registrar of North Central University

Social Security Number

123-45-6789

Date of Birth

MM/DD/YYYY

Student Address:

Address Line 1

Address Line 2

City | State | ZIP Code

Student Phone Number:

612.343.5001

Date I Started as a Student:

Example: Fall 2014

Date I Stopped as a Student:

Example: Spring 2018

I hereby give permission for my transcript to be sent to North Central University *

Signature | Date

Mail Official Transcripts to:
North Central University
Attn: Registrar's Office
910Elliot Avenue
Minneapolis, MN 55404

Electronically Submit Official Transcripts to:
North Central University
admissions@northcentral.edu