

NATIONAL PARK COMMUNITY COLLEGE TRANSCRIPT REQUEST FORM

101 College Drive, Hot Springs, AR 71913 FAX: 501-760-4100

- NPCC processes **official transcripts only**. All official transcripts are \$2 per copy and will not be processed until the fee is paid. Any exemptions from paying the fee must be approved by the Registrar's Office. Financial obligations to NPCC must be satisfied before a transcript may be issued. We do not fax transcripts nor accept phone requests. All transcripts must be requested in writing.
- Transcripts are not processed on a while-you-wait basis. Transcripts will be processed as soon as possible. Please allow at least 2 weeks processing at the beginning and end of the semester.
- In accordance with federal law pertaining to the Family Privacy Act, transcripts will not be released to a third party without the student's written permission.
- If you fax this request, 501-760-4100, you must include your credit card number _____, expiration date _____ and three digit VIN code number _____ or you may call the business office at 501-760-4125 with this info. All official transcripts are \$2 per copy and will not be processed until the fee is paid.

Please complete all information below.

Did you graduate from Quapaw Technical Institute? _____ If so, what year? _____

Student's Name (list all last names)

Date _____

SS# required _____

Date of birth _____

Address _____

Daytime Phone# _____

*Student's Signature

If you are requesting a transcript to be processed now and one after the semester, please fill out a separate transcript form and mark the current semester you are attending.

_____ Number of transcripts to be picked up once processing is complete, (trans will be destroyed after 30 days)

_____ Number of transcripts to be mailed (give complete address on lines below)

_____ Number of transcripts to be picked up after posting current semester grades ___ fall ___ spring ___ sum I ___ II

_____ Number of transcripts to be mailed after posting current semester grades ___ fall ___ spring ___ sum I ___ II

_____ Number to be mailed after receiving a degree at the end of the semester ___ fall ___ spring ___ sum I ___ II

*MAIL TO (COMPLETE ADDRESS INCLUDING NAME OF COLLEGE AND DEPARTMENT):

FOR OFFICE USE ONLY	
Paid _____	
Pickup, Mailed, or SPEEDE	
Date _____	By _____