

New Hampshire **INSTITUTE** of Art

CT or CE TRANSCRIPT REQUEST

Please follow directions carefully. If request is not filled out completely and legibly, and/or the correct fee does not accompany this request, it will be returned to you.

PLEASE PRINT CLEARLY

Full Name: _____ Student ID# _____
Last First MI

Name when enrolled (if different): _____

Address where we may contact you: _____

Check here if address is different. Phone #: _____

Current Status: Current CT Student Past CT Graduate Non-Degree Student
 Past Pre-College Student

DATES OF ATTENDANCE: _____ to _____ YEAR OF GRADUATION: _____
(if applicable)

OFFICIAL TRANSCRIPT \$5.00 each (make checks payable to NHIA)

MAIL TO: _____ # of transcripts to be sent to this address _____

Official transcripts are sent directly to the specified institution only.

UNOFFICIAL TRANSCRIPT

MAIL TO: _____ # of transcripts to be sent to this address _____

Unofficial copies may be sent to you or your academic advisor only.

SPECIAL INSTRUCTIONS: (CHECK ONE) Send ASAP Hold for current grades
 Hold until Degree Conferred Fall ___ Spring ___ Summer ___

STUDENT SIGNATURE: _____ Date: _____

No official transcripts will be furnished if your financial obligations to NHIA have not been satisfied. NHIA is not responsible for loss of transcripts once they leave the Registrar's office. Your written release for transcripts is required. Please sign your name in the space provided. Fees must be paid at the time of your request. Official copies bear the New Hampshire Institute of Art's seal and the signature of the Registrar. Every attempt will be made to process your request as soon as possible.

****DO NOT WRITE BELOW LINE - FOR OFFICE USE ONLY****

Fee paid \$ _____ Cash _____ Check _____ Date Received _____ Date Sent _____