

Project Running Start

NEW HAMPSHIRE COMMUNITY TECHNICAL COLLEGE - STRATHAM & PORTSMOUTH
OFFICE OF THE REGISTRAR
277 PORTSMOUTH AVENUE
STRATHAM, NH 03885
FAX: 603-772-1198

AUTHORIZATION TO RELEASE TRANSCRIPT

I hereby request and authorize the New Hampshire Community Technical College
Stratham & Portsmouth to release a copy of my transcript for the following purpose:

- () Further Education/Military/Licensure
() Employment/Personal

Please circle one: (Official)
(Unofficial)

ENROLLMENT STATUS

Project Running Start
High School _____
Academic Year _____

TRANSCRIPTION ACTION

Hold for current semester grade _____
Mail Transcript _____
Will pick up, Registrar's Office _____

Mail Transcript to:

Attention: _____

Institution/Company: _____

Street/PO Box: _____

City/State/Zip: _____

Name:

_____/_____/_____
LAST NAME WHILE ENROLLED FIRST NAME MI

NHCTC Student ID Number: _____

Current Address: _____

Telephone: _____

Student
Signature _____

ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR PROCESSING
FEE: FIRST TWO - NO CHARGE
ADDITIONAL TRANSCRIPTS: \$3.00
FAXED: + \$5:00 = \$8.00 TOTAL

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

INITIAL: _____

RECEIPT NO.: _____