

disability, religion or age in its programs or activities.

College Transcript Request Form For Financial Aid Unusual Enrollment History Verification (GEN-13-09)

Please complete this form and submit it **with any required fees** to the previous institution when requesting transcripts to be sent to the Northwest State Community College Financial Aid Office. Transcripts will only be accepted when mailed directly to Northwest State from the issuing institution.

Printed Name	e (last, first, middle)	
All Previous N	Names	
Mailing Addre	ess	
City/State/Zip	o	_
Social Securit	ry Number/School ID Number	
Phone Numbe	erer	
Graduation D	Pate or Attendance Date	
	s	
Registrar:	Please attach a copy of this form to the official transcript. Transcripts must be mailed directly to the Financial Aid Office of Northwest State Community College. Hand carried or faxed transcripts will not be accepted.	
Mail to:	Financial Aid Office Northwest State Community College 22600 State Route 34 Archbold, OH 43502	
I authorize y College.	ou to release an official copy of my college transcript(s) to Northwest State Community	
Student Sign	nature Date	
Northwest State	e Community College does not discriminate on the basis of race, color, national origin, sex. gender identity.	