



Turtle Mountain Community College

P.O. Box 340 Belcourt, North Dakota 58316

Phone: (701) 477-7862

OFFICE OF THE REGISTRAR & ADMISSIONS

TRANSCRIPT REQUEST

Transcript requests must be submitted in writing. Either a completed "transcript release" form or a letter bearing the student's signature and social security number can be used. According to Federal Law telephone requests cannot be honored or requests by relatives or friends of a student. A request for a transcript of credits by a student who is in debt to Turtle Mountain Community College will not be honored until the debt is paid. Each transcript includes the student's entire academic status. Turtle Mountain Community College does NOT fax official transcripts. An official copy of a transcript is NEVER released directly to the student. A student who desires transcripts of course work earned elsewhere must order official transcripts from the institution at which the course was taken. Turtle Mountain Community College does not issue or certify copies of transcripts from other institutions.

A \$2.00 fee is assessed for transcripts. This fee must be paid at the business office before any transcript request will be processed. **If you wish to pay for your transcript by credit/debit card, please contact Stephanie at (701) 477-7912. Transcripts are processed on Wednesday and Friday of each week. Updated transcripts will not be available for at least two weeks after grades are submitted to Student Services. **INCOMPLETE FORMS MAY DELAY PROCESS!**

Date of Request: _____

Date of Birth: _____ Social Security # or Student ID #: _____

Name (First, Middle, Last): _____

Maiden Name: _____ Telephone Number: _____

Mailing Address: _____

****Signature (required):** _____

Are you currently enrolled at TMCC? Yes No
If No, Term of most recent Registration: Fall Spring Summer

SPECIFIC DIRECTIONS:

___ Send Immediately
___ Pick Up (unofficial ONLY)
___ Hold until current term grades: Fall Spring Summer
___ Number of copies to address below:

SEND _____
TRANSCRIPT TO: _____

FOR OFFICE USE ONLY	
Receipt Number:	_____
B.O. Initial:	_____
Date Sent:	_____
S.S. Initial:	_____