



Turtle Mountain Community College

P.O. Box 340 Belcourt, North Dakota 58316

Phone: (701) 477-7862

OFFICE OF THE REGISTRAR

TRANSCRIPT REQUEST

Transcript requests must be submitted online at www.tm.edu, unless the transcript request is for any Tribal Scholarship program, BIA-Job Placement and Training program, or the Turtle Mountain Vocational Rehabilitation program, in which the request would be made via this transcript request form.

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.

TMCC does not issue or certify copies of transcripts from other institutions. A student who desires transcripts of course work earned elsewhere must order official transcripts from the institution at which the courses was taken.

A \$5.00 transcript fee will be charged, payable to National Student Clearinghouse, for students requesting a transcript. There will not be a transcript fee for transcripts sent to any Tribal Scholarship program, BIA-Job Placement and Training program, or the Turtle Mountain Vocational Rehabilitation program. Official transcripts are processed by the following business day by 4:00 p.m. 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

___ Hold until current term grades: ___ Fall ___ Spring ___ Summer

___ Number of copies to address below:

SEND
TRANSCRIPT
TO: _____

