



Transcript Request Form for Essex Agricultural & Technical Institute

Complete this form and return it to the Office of the Registrar using either method below:

- Scan the completed form and email it to: registrar@northshore.edu
- Complete the form and mail it to: Office of the Registrar, North Shore Community College, 1 Ferncroft Rd, Danvers MA 01923

First Name of Student: _____

Last Name of Student: _____

Former Name(s) at time of enrollment, if applicable: _____

Date of Birth of Student: _____

Program while at Essex Aggie: _____

Approximate Date of Graduation: _____

Mailing or email address(es) where the transcript(s) should be sent: _____

Authorization of record release: Checking "I agree" after the following statement will be considered the student's authorization of record release: *I certify that a FERPA compliant learner signature is required under the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) authorizing the release of the student records is on file with the sending school/organization.*

I agree

Number of Transcripts: 1 2

Handwritten Signature of Student: _____ Date: _____

For Office Use Only: Staff Initials: _____