



Transcript Request Form
National Labor College

10000 New Hampshire Ave., Silver Spring, Maryland 20903
Phone: 301.431.6400 Fax: 301.431.5411

Name: _____
Last First Middle Initial

Previous Name(s) (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail Address: _____

Student ID Number: _____ Social Security Number: _____ Date of Birth: _____

Dates of Attendance: _____
Year First Attended Year Last Attended

Currently Enrolled: Yes ___ No ___

Please Note: The address and email information that you provide above will be used to update our records.

Instructions:

1. Completely fill out form. (Please Print Clearly.)

2. Number of Official Copies: _____ Number of Unofficial Copies: _____

3. Do you want transcript held until degree is conferred? Yes ___ No ___

Degree: _____ Month/Year: _____

4. Address where transcript(s) should be mailed: _____

5. Mail or fax this application with a \$10.00 Official Transcript Fee payable to the National Labor College to the National Labor College, Office of the Registrar. Or use a VISA/Master/AmerExpress card and provide the number and expiration date below

Card Type/Number: _____ Exp Date: _____

Signature: _____ Date: _____

Important: Transcripts cannot be issued if there is a financial hold on your account.

Please Sign Here: Your transcript cannot be released/mailed without your signature below.

I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize The National Labor College to release my academic record as indicated.

Student's Signature: _____ Date: _____