



# NATIONAL LABOR COLLEGE

815 – 16<sup>th</sup> Street NW, Fourth Floor, Washington, DC 20006

## Transcript Request Form

Name: \_\_\_\_\_  
Last First Middle Initial

Previous Name(s) (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Last Four (4) Digits of your Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dates of Attendance: First Year Attended: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

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 Awarded: \_\_\_\_\_
4. Mail transcripts to:


5. Mail this **completed, signed and dated** form to: \_\_\_\_\_ or attach **completed, signed and dated form** as a pdf to this e-mail address: \_\_\_\_\_

**National Labor College**  
**Attn: Jeff Bria**  
**P.O. Box 189**  
**Cottage Grove, MN 55016**

**registrar@nlc.edu**

**Please Sign and Date below - your transcript cannot be released/mailed without your signature below.**

I affirm that I am the above –named student. In compliance with the Family and Education Rights and Privacy Act of 1974 (FEPPRA), I hereby give my written consent and authorize The National Labor College to release my academic record as indicated above.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_