



**Student Information**

|                    |                |
|--------------------|----------------|
| Student ID or SS#: | Date of Birth: |
|--------------------|----------------|

|            |             |                     |
|------------|-------------|---------------------|
| Last Name: | First Name: | Middle/Maiden Name: |
|------------|-------------|---------------------|

|                        |                           |
|------------------------|---------------------------|
| <b>MAILING ADDRESS</b> | Street Address or PO Box: |
|------------------------|---------------------------|

|       |        |         |           |
|-------|--------|---------|-----------|
| City: | State: | County: | ZIP Code: |
|-------|--------|---------|-----------|

|                |               |
|----------------|---------------|
| Email Address: | Phone Number: |
|----------------|---------------|

Last date student attended Northwest Mississippi Community College:

**Please release a transcript of my record as recorded at the below recipient(s):**

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|                                  |   |   |
|----------------------------------|---|---|
| Number of transcripts requested: | Check box to hold request until semester <b>grades</b> are posted. <input type="checkbox"/> | Check box to hold request until <b>degree</b> is posted. <input type="checkbox"/> |
|----------------------------------|---|---|

**Signature**

|                      |       |
|----------------------|-------|
| Student's Signature: | Date: |
|----------------------|-------|

Submit this completed form to:  
**THE OFFICE of ADMISSIONS & RECORDS**  
 PO Box 7047, 4975 Highway 51 North, Senatobia, MS 38668