



Office of Registrar

51 U.S. Route 1, Suite K, Scarborough, ME 04074

Phone: 800.447.1151 | Fax: 207.883.6048

Request for Transcript Release Form

This form is used by Northeast Technical Institute, College of Continuing Education for the sole purpose of requesting transcripts on behalf of our prospective and/or active students. The student's signature on this form grants Northeast Technical Institute the right to request transcripts directly from Institution(s) previously attended. If NTI is unable to obtain transcripts for any reason the prospective student will be responsible to obtain transcripts.

(Legal) First Name: _____ (Legal) Last Name: _____

Any previous last names (if applicable): _____

Date of Birth: ____/____/____

Type of Transcript Request:

HIGH SCHOOL GED COLLEGE

Name of School: _____

Address: _____

City, State & Zip Code: _____

Phone Number: _____ Fax Number: _____

Dates of Attendance: From: ____/____/____ To: ____/____/____

Student Signature*: _____ Date: _____

*I hereby authorize a faxed or emailed copy of this signature to be used in lieu of the original.

PLEASE RETURN THIS FORM WITH (1) OFFICIAL TRANSCRIPT

Via mail:
Northeast Technical Institute
Attention: Registrar
51 US Route 1, Suite K
Scarborough, Maine 04074

Via Fax:
207-883-6048

Email:
trussell@ntinow.edu

In order to process this request, all fields must be entered completely and the student must have completed an application for admissions to Northeast Technical Institute.