



NORTH SHORE COMMUNITY COLLEGE

A PUBLIC REGIONAL COMMUNITY COLLEGE
COMMONWEALTH OF MASSACHUSETTS

An Equal Opportunity Employer

1 Ferncroft Road
P.O. Box 3340
Danvers, Massachusetts 01923-0840

Danvers Campus | 978-762-4000
Lynn Campus | 781-593-6722
Corporate Training Solutions | 978-236-1200

www.northshore.edu

Transcript Request Form For Essex Agricultural and Technical Institute

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

<p>Scan the completed form and email it to: registrar@northshore.edu</p>	<p>Or, mail the completed form to: Office of the Registrar North Shore Community College 1 Ferncroft Rd. Danvers, MA 01923</p>
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First Name of Student: _____

Last Name of Student: _____

Former Names at time of enrollment, if applicable: _____

Date of Birth of Student: _____

Program while at Essex Aggie: _____

Approximate Date of Graduation: _____

Mailing address or email where the transcript 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

Signature of Student: _____ Date: _____

For office use only: **Initials:** _____