

Admissions and Records

2277 Napa-Vallejo Highway, Napa, Ca. 94558 707-256-7200 ◆ fax 707-256-7219

Transcript Authorization of Release

Please print clearly in black or blue ink. All blanks must be filled-in for this form to be considered.

NVC Student ID#

1				

(7 digit number assigned by the college for identification)

Name:					_
	Last	Fir	rst	MI	-
Address:					_
City/State/Zip:					
, , ,					_
Phone:			Alternate Phone:		

Note: Please ensure that your information is legible and your complete address is included. Authorizations that are incomplete will not be accepted and will delay your transcript pick up.

Transcript Authorization Release Section

(Please read carefully and ensure all required information is included)

l,	authorize
to pick up my offi	cial transcript from the Admissions & Records office at Napa Valley College. I under-
stand that this de	signee will need to have proper identification with them at the time of pick up. I also
understand that i	f this designee does not have proper identification with them at the time of pick up,
Admissions & Re	cords will not release my transcript. I further understand that this designee will have
access to my per	sonal information and I release Napa Valley College from all responsibility and/or
liability in the eve	ent that my information is misused.

Student Signature:	Date:		
Transcript Designee Signature:	Date:		