



Transcript Request Form
Education Powered by Jesus

251 W. Miles Avenue Hayden, Idaho 83835 208-772-7546

Date: _____

Name of Student: _____

Phone: _____ Email: _____

Year student graduated from high school or expected graduation year _____

1. Quantity and type of transcript requested (check one or more of the boxes below)

- Official Transcript (seals in an envelope: to be opened by recipient only) # of copies ____
 With Graduation date
- Unofficial Transcript (not sealed in an envelope) # of copies ____
- Emailed Transcript
Receiving email address: _____

2. Provide address for mailed official transcript.

College/Organization _____

Street Address _____

City, State Zipcode _____

3. NICS will provide each student with 5 free copies of their official transcript. Additional copies will be \$5.00 each.

4. Please allow 1-2 business days for processing.

Parent Signature: _____

Submit to transcript@northidahochristianschool.com