

NCM Official Transcript/Diploma Request and Release Form

Revised 12/09

Please print clearly

Name: _____

Address: _____

Telephone: _____ Email: _____

Please release my Official Transcript OR Official Copy of my Diploma for:

| NCM Program: | Student Status (circle): | | | Years attended NCM |
|---------------------------------|--------------------------|-----------|-----------|--------------------|
| Certificate in Midwifery | | Graduated | | |
| ASM | Active | Graduated | Withdrawn | |
| BSM | Active | Graduated | Withdrawn | |
| MSM | Active | Graduated | Withdrawn | |
| PhD | Active | Graduated | Withdrawn | |

Send to: Name and Address (Please print clearly): **Quantity**

| | | |
|--|--|------|
| 1 | | |
| 2 | | |
| 3 | | |
| Postage: Items sent by first class mail within the US do <u>not</u> require extra postage. Items to be sent to other countries or that have special mailing instructions, i.e. Global Priority Mail, etc need to include extra payment to sufficiently cover postage: This website can be used to calculate postage: http://postcalc.usps.gov/ | | US\$ |
| Total cost for Official Transcripts/Diplomas (US\$10 each): | | US\$ |
| Total payment enclosed: | | US\$ |

Signature: _____ Date: _____

Send this signed and dated form with check to:

National College of Midwifery
209 State Road 240
Taos, NM 87571

Please allow at least 3-6 weeks for processing and mail transit from the time this request is received in our office.