



TRANSCRIPT REQUEST FORM

Applicant Name _____
LAST FIRST MI

6-digit NCIDQ Control No. (if known)

APPLICANT:

- Please provide the information requested below.
- Send this form to your institution's registrar early enough so that it will be returned to you in time to submit it with your application before the deadline date.
- If you have attended more than one institution, photocopy this form for use by the additional institution(s).
- Send a self-addressed, stamped envelope to each institution.

Applicant's

Full Name: _____
FIRST MIDDLE LAST

Name(s) Used at Time of Enrollment: _____

Student ID Number or Social Security/Insurance Number: _____

Date of Birth (MM/DD/YYYY): _____

Address: _____

Phone: _____ E-mail: _____

Dates of Enrollment (MM/YYYY): _____ Degree(s): _____ Year(s): _____

I hereby authorize the release of a transcript of my academic record to the National Council for Interior Design Qualification (NCIDQ).

Signature: _____ **Date:** _____

REGISTRAR:

- The above named person is applying as a candidate for the NCIDQ Examination. The NCIDQ Examination is a professional examination that tests candidates' ability to protect health, safety and welfare through the competent practice of interior design. Passage of the exam is a prerequisite for state/provincial licensure/registration and professional membership in interior design associations.
- Please enclose this form together with an official transcript in the envelope provided. If the applicant has not provided an envelope, use one of your own.
- Please seal the envelope, sign or stamp across the seal, and return the sealed envelope to the applicant so it can be included with his/her application package.