

**NOTE: NCARB WILL ONLY ACCEPT TRANSCRIPTS ISSUED DIRECTLY  
FROM THE ACADEMIC INSTITUTION.**

Dear Registrar:

The National Council of Architectural Registration Boards has been directed to prepare a record of the professional qualifications of the applicant whose name appears on the enclosed form.

The applicant has authorized the release of an official transcript to NCARB and has agreed to pay your office directly for any fee involved. We appreciate your completion and prompt return of this form along with an official transcript.

Very truly yours,



Douglas J. Morgan  
Director, Records

**Note to Applicant:**

- 1) If your education is from within the U.S. or Canada, have your transcript mailed to NCARB directly from your college or university. NCARB cannot accept student-issued transcripts.
- 2) If your post-secondary education is from outside the U.S. or Canada and we have asked that you have it evaluated by the National Architectural Accrediting Board, Inc. (NAAB), do not use this form and do not have your transcript(s) sent to NCARB. Contact NAAB.

**EDUCATION** (Applicant must complete items 1-12.)

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1. NCARB File No.: \_\_\_\_\_ 2. Name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Daytime phone number: \_\_\_\_\_
5. Date of birth: \_\_\_\_\_ 6. Social Security Number: \_\_\_\_\_
7. College, university, technical school, or high school requested to furnish transcript:  
 \_\_\_\_\_
8. Dates of attendance: \_\_\_\_\_
9. Degree(s) acquired: \_\_\_\_\_

**TO THE REGISTRAR OF THE SCHOOL—FROM THE APPLICANT:**

I hereby request that you send an official transcript of my academic record to the National Council of Architectural Registration Boards.

10. I have marked an X on one of the two statements below regarding the transcript fee.

- I am aware that a transcript fee is normally required by your office, and I have therefore enclosed a check in the amount of \$ \_\_\_\_\_.
- If a transcript fee is required, please send an invoice to my address as shown above or call me regarding fees. Thank you for your prompt cooperation.

11. Signature: \_\_\_\_\_ 12. Date: \_\_\_\_\_

*Note: Please provide a clearly legible transcript.  
 Mail to: NCARB, 1801 K Street, NW, Suite 700K, Washington, DC 20006-1305*

For NCARB use only:					Page 1 of						
1st Frm	To		2nd Frm	To							
Deg Rec	Date Grad		Deg Rec	Date Grad							
NAAB	Y	N	EESA Eval	N	C	NAAB	Y	N	EESA Eval	N	C
O Date	EESA Date		O Date	EESA Date							
Rating	SH		Rating	SH							
EdCr	QH		EdCr	QH							
	SH Def			SH Def							