

NOTE: NCARB WILL ONLY ACCEPT TRANSCRIPTS SENT 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,

Roxanne Alston

Vice President, Customer Relations

Note to Applicant:

- To expedite this process, submit your transcript electronically by using your institution's transcript request form and having them send it to <u>transcripts@ncarb.org</u>. If available, include your NCARB Record number in the comment/notes section. If you send your transcript electronically, you do not need to fill out this form.
- 2) If your education is from within the U.S. or Canada, have your transcript sent to NCARB directly from your college or university —either electronically or physically. NCARB cannot accept student-issued transcripts.
- 3) 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 (NAAB), do not use this form and do not have your transcript(s) sent to NCARB. Contact NAAB. If you are an applicant for the foreign architect path, you do not need an EESA.
- 4) You must arrange to have official translations submitted for all documents that are not in English. Official English translation must be obtained from the issuing authority or a lawyer, translation service, notary, or embassy and must be on official letterhead. Translations by applicants will not be accepted. Please include any other identifying information, such as school ID, for your university.

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| 1. | NCARB Record No.: | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|
| 3. | 3. Address: | | | | | | | | |
| | Daytime phone number: | | | | | | | | |
| 5. | Date of birth: 6. Social Security Number: | | | | | | | | |
| | College, university, technical school, or high school requested to furnish transcript: | | | | | | | | |
| 8. | Dates of attendance: | | | | | | | | |
| 9. | Degree(s) acquired: | | | | | | | | |
| TC | THE REGISTRAR OF THE SCHOOL–FROM THE APPLICANT: | | | | | | | | |
| | reby request that you send an official transcript of my academic record to the National Council of Architectural istration 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: | | | | | | | | |
| Nic | e. Please provide a clearly legible transcript | | | | | | | | |

Mail to: NCARB C/O International Fulfillment Corporation, 7100 Old Landover Rd, Suite 500, Landover, MD 20785, USA or email transcripts@ncarb.org

| For NCAR | RB use only: | | | Page 1 of | | | |
|----------|--------------|------------|-----|-----------|----|------------|-----|
| 1st Frm | | То | | 2nd Frm | | То | |
| Deg Rec | | Date Grad | | Deg Rec | | Date Grad | |
| NAAB | YN | EESA Eval | N C | NAAB | ΥN | EESA Eval | N C |
| O Date | | EESA Date | | O Date | | EESA Date | |
| Rating | SH | Date Satfd | | Rating | SH | Date Satfd | |
| EdCr | QH | SH Def | | EdCr | QH | SH Def | |

Form 122 07/24