



# NATIONAL AMERICAN UNIVERSITY

Registrar  
5301 S. Highway 16, Suite 200, Rapid City, SD 57701  
Phone (605) 394-4935  
FAX (605) 394-4869

**FOR OFFICE PURPOSES:**  
Paid \$ \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

## TRANSCRIPT REQUEST

A charge of \$10 is payable in advance for each transcript. If you have an outstanding account, no transcript will be sent. The \$10 fee applied to **ALL** students.\*

Send Immediately \_\_\_\_\_

Hold Request until degree has been posted:  Yes  No

Hold Request for \_\_\_\_\_ Quarter Grades  
(Fall, Winter, Spring, Summer)

**Please forward \_\_\_\_\_ copy/copies of my transcript to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE PRINT:

\_\_\_\_\_  
Campus Last Attended

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Previous name(s) (while attending NAU) \_\_\_\_\_

Student ID *or* Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dates of Attendance (From/To) \_\_\_\_\_ Graduated:  Yes  No

Current Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**Please note: for immediate notification of transcript processing, please list an email address**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

Type of Credit Card: \_\_\_\_\_  
Credit Card #: \_\_\_\_\_  
Security Code (3 or 4 digits) found on the back of card: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Cardholder's Billing Address: \_\_\_\_\_  
\_\_\_\_\_

\* No charge for the following:  
\_\_\_ **Tuition Assistance**  
   \_\_\_ **Send each quarter**  
\_\_\_ Scholarship for current NAU students  
\_\_\_ Exam Agencies  
\_\_\_ Prospective Employer  
   (must be sent directly to employer)