



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)