



NATIONAL AMERICAN UNIVERSITY

Registrar
5301 Mount Rushmore Rd., 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 _____ Term 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 – current NAU students only**
___ **Send each quarter**
___ Scholarship for current NAU students
___ Exam agencies – allied health, nursing graduates
___ Prospective employer (must be sent directly to employer)