



The National Defense University
University Registrar's Office
 300 5th Avenue SW, Bldg 62
 Washington, D.C. 20319-5066
 Phone: (202) 685-2128
 Fax: (202) 685-3920
 Email: University-Registrar@ndu.edu

Transcript Request Form

Instructions: Complete this form with all applicable information and email, fax or mail this request to the University Registrar's Office. Student signature is required at the time of transcript request. Transcript requests will be processed within five business days of receipt of the request. Requests by persons other than the student will not be honored without the student's written authorization and signature.

Name on NDU records: (L) _____ (F) _____ (M) _____

Former/Current Name: (if different than NDU records) _____

SSN or Student ID Number: _____ DOB: _____

NDU college/school attended: _____ Years attended: _____

Phone number: (_____) _____ Email address: _____

Please check at least one:

*Pick up. Number of copies: _____

Mail... *(Indicate to whom and when below)*

Fax to: (_____) _____ Attention: _____ Recipient's Phone Number: (_____) _____

<p>Special Instructions:</p>

Note: Unofficial transcripts will not be faxed to iCollege students. NDU iCollege students should use the UNET Support area to obtain these products.

*** Transcripts will be held for a maximum of five business days following alert of pick-up availability.**

Addresses for mailed transcripts:

Please send (enter number) _____ official transcript(s) to the following address: _____ _____ _____ _____ <input type="checkbox"/> mail now <input type="checkbox"/> after final grades <input type="checkbox"/> after degree posts	Please send (enter number) _____ official transcript(s) to the following address: _____ _____ _____ _____ <input type="checkbox"/> mail now <input type="checkbox"/> after final grades <input type="checkbox"/> after degree posts
Please send (enter number) _____ official transcript(s) to the following address: _____ _____ _____ _____ <input type="checkbox"/> mail now <input type="checkbox"/> after final grades <input type="checkbox"/> after degree posts	Please send (enter number) _____ official transcript(s) to the following address: _____ _____ _____ _____ <input type="checkbox"/> mail now <input type="checkbox"/> after final grades <input type="checkbox"/> after degree posts

I authorize NDU to release my academic transcript as instructed on this form. All requests must be authorized by the student's signature in accordance with the National Defense University – Privacy Act Statement.

Signature: _____ Date: _____