



OFFICE of the Registrar
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NSU UNOFFICIAL TRANSCRIPT REQUEST FORM

Choose one of the following delivery options below and provide the delivery address, fax number or email address:

Mail _____
 FAX _____
 E-MAIL _____

Processing Time: Same day if received by 3PM. Submissions after 3PM will be delivered the next business day. Processing time will be extended to 24 hours during peak the office's peak hours.

Date of Request: ____/____/____ Student ID or Last 4 of Social Security: _____

Last Name: _____ First Name: _____

Name enrolled under (only if different from above): _____

Dates of Attendance (Month/Year) : ____/____ to ____/____

Current Address:

Contact Phone #: (____) _____ - _____

Date of Birth: ____/____/____

Email Address: _____

Are you currently enrolled at NSU? Yes No No (Withdrawn) Graduated

Signature: _____

OFFICE USE ONLY: UNOFFICIAL TRANSCRIPT REQUEST FORM

Date of Request: ____/____/____ Received by: _____

Date Processed: ____/____/____

DP/DP
01/19