



# NATIONAL AMERICAN UNIVERSITY

Registrar  
5301 S. Highway 16, 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 applies 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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)