NOVA SOUTHEASTERN UNIVERSITY
Office of Student Financial Services and Registration
3301 College Avenue
Fort Lauderdale, Florida 33314-7796

Transcript Request

DATE OF REOUEST / /

Please print clearly. You must complete all information requested.

- Charge is $5.00 per transcript. Exact payment must accompany each request.
- For multiple requests, complete a transcript request form and attach a list containing the name and mailing address for each addressee.
- Fees are subject to change without notice.
- Transcript will not be released with an existing hold(s) on record.
- Transcript will not be released until all accounts are paid in full. Student is responsible for correct mailing address printed below.
- Include dates of enrollment in the space provided. • You can either mail this form to the above address or fax it to (954) 262-4862.

Miami-Dade County Schools only:

☐ Include tuition reimbursement/FT 1 form for _____ term.

Print name and address clearly:

_____
Present Name

_____
Name used at Nova Southeastern University

_____
Address

_____
City State ZIP

_____
NSU ID / SSN

_____
Telephone

Mail Transcript to:

_____
Name

_____
Address

_____
City State ZIP

_____ Number of Copies

_____
Signature (required)

Social Security Number to be printed on the transcript:

☐ Print a masked SSN (ex: XXX-XX-1234)
☐ Print full SSN

☐ Nondegree
☐ Undergraduate Program major: _____
☐ Master's Program major: _____
☐ Ed. Specialist Program major: _____
☐ Law Program major: _____
☐ Doctoral Program major: _____
☐ Health Professions Program major: _____

Dates of enrollment _____ to _____

Special instructions:

☐ I will pick up transcript.
Transcript will be stamped: Official transcript issued to student
☐ Notify me at (_____)_____
☐ Hold for degree conferral _____
Degree Anticipated Conferral Date
☐ Hold for grade change _____
Course Correct Grade
☐ Mail transcript ☐ Other _____

Method of payment:

☐ Credit Card ☐ Check or money order payable to NSU

I hereby authorize a charge to be made to my credit card:
☐ VISA ☐ MasterCard ☐ American Express

_____
Account number

_____
Expiration date

_____
Amount

_____
Check/money order number

_____
Student signature Date

FOR OFFICE USE ONLY

Transcript fee 2120
Amount due $ _____ Please remit $_____
Amount rec. $ _____ By_____ _____
Cred. bal./ref. $ _____
Date issued _____ By_____ _____
Hold reason: _____