



ENROLLMENT AND STUDENT SERVICES
 OFFICE OF THE UNIVERSITY REGISTRAR
 3301 College Avenue
 Fort Lauderdale, Florida 33314-7796
 (954) 262-7200 | 800-541-6682 | Fax: (954) 262-4862
 Email: nsuregistrar@nova.edu | Web: nova.edu/registrar

DATE OF REQUEST _____ / _____ / _____

Please print clearly.
You must complete all information requested.

- Charge is \$10 per transcript. Exact payment must accompany each request unless the transcript is for NSU internal use.
- 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.
- Transcripts will not be released with any existing hold(s) on record or until all accounts are paid in full.
- Students are responsible for providing a correct mailing address below. Any address correction charges incurred by the university will be charged back to the student.
- The transcript is the student's official and complete record of all courses taken at Nova Southeastern University, regardless of number of degrees or programs attempted or conferred. Partial records will not be released.
- NSU does not send transcripts electronically.
- When requesting a transcript please provide the complete mailing instructions below (e.g., a department, building, room number or to whom it should be addressed).
- Submit this completed form to the above address via postal mail or fax.

Miami-Dade County Schools only

Include tuition reimbursement/FT 1 form for _____ term.

Print clearly

 NSU ID Telephone

 Present Name

 Name used at Nova Southeastern University

 Address

 City State ZIP

 Email Address

Mail transcript to (if internal, indicate NSU department.)

 Name

 1st Street Address

 2nd Street Address

 City State ZIP

 Number of Copies NSU Department

Social Security Number to be printed on the transcript

- Print a masked SSN (ex. xxx-xx-1234)
- Print full SSN

Special Instructions

- I will pick up the transcript. Transcript will be stamped:
 Official transcript issued to student
 Notify me at (____) _____
- Hold for degree conferral _____
Degree Anticipated Conferral Date
- Hold for grade _____
Course
- Mail transcript Other _____
- Internal transcript (NSU Program _____)
- Domestic Express Overnight Delivery (no P.O. Box address) (\$9 plus \$10 per transcript)
- International Express Delivery (no P.O. Box address) \$24 plus \$10 per transcript)

Method of Payment

- Cash (only accepted at the One-Stop Shop)
- Credit Card Check or money order payable to NSU
- No charge (transcript for NSU internal use only.)

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

 Signature* (required) Date

*Your signature authorizes the release of transcripts and associated charges to your credit card.

FOR OFFICE USE ONLY	
Transcript fee 2120	
Amount due \$ _____	Amount remitted \$ _____
Amount rec. \$ _____	By: _____
Credit Bal./ref. \$ _____	
Date issued _____	By: _____
Hold reason _____	