



## OFFICIAL TRANSCRIPT REQUEST FORM

Please allow 3-5 working days for transcript requests. Peak periods such as registration and grading may require a longer processing time. **All transcripts are free of charge.**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Graduation Date: \_\_\_\_\_

*Student Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**\*Required to release transcript**

**Number of transcripts requested:** \_\_\_\_\_

**Transcript Delivery Method:** \_\_\_\_\_ Student Pickup\* (Date you would like to pick up): \_\_\_\_\_  
(You must show a picture ID in order to receive transcripts)

\_\_\_\_\_ Mail to address listed below

\_\_\_\_\_ Mail to student at address listed above

\_\_\_\_\_ Email address: \_\_\_\_\_

### MAIL TRANSCRIPT TO:

Name/Institution: \_\_\_\_\_

Attn: \_\_\_\_\_

Street (PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please provide additional addresses on a separate sheet of paper**

\*\* **FAX** this request to:

(480) 634-8246

\*\* **EMAIL** this request to:

registrar@ndpsaints.org