



REQUEST FOR ACADEMIC TRANSCRIPT

Student ID or last 4 SSN _____ Date of birth _____
 Name _____ Former name _____
 Address _____ Daytime phone no. _____
 _____ Dates of attendance June 1, 2017 to June 4, 2017

Number of transcript(s) requested: <input checked="" type="checkbox"/> Official transcript <input type="checkbox"/> Unofficial transcript _____ <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Available for pick-up (PHOTO ID REQUIRED)	Please check all that apply: <input type="checkbox"/> Now as record stands <input type="checkbox"/> After semester grades are posted <input type="checkbox"/> After degree is posted <input type="checkbox"/> After certification is posted
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Mail transcript(s) to:

1. _____ 2. _____
 Attn: _____ Attn: _____

*Transcripts are typically processed within 3-4 business days from the receipt of the request. Transcripts requested at the end of a semester/final grades posted or when certification is finalized would be sent once that specific process is completed. Transcripts are **NOT released** if the student still has an outstanding balance on their Notre Dame account. Notification to the student of any "holds" would be made at the time the transcript request is received.*

If there are any questions about the transcript request, the timing/distribution of the transcript or general processing questions, please contact the registrar's office at 410-532-5327 or registrar@ndm.edu.

I authorize the release of my transcript(s) to the recipient indicated above for the Federal Family Educational Rights and Privacy Act (Public Law 93:380) I understand that my transcript(s) will not be released if I have an outstanding debt to the University.

Signature *Date*

FOR OFFICE USE ONLY: Date received _____ Business hold: Y N
 Division _____ Date released _____ Initials _____

Contact Information: Date of contact _____ Comments _____ _____
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