



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](mailto:nsuregistrar@nova.edu) | Web: [nova.edu/registrar](http://nova.edu/registrar)

NOVA SOUTHEASTERN  
 UNIVERSITY

# Transcript Request Form

DATE OF REQUEST \_\_\_\_\_

**Recommended for students who attended 1999 and prior.**  
 All others may visit [nova.edu/registrar/services/transcript.html](http://nova.edu/registrar/services/transcript.html)  
 for instructions on how to submit their request online.

**Please print clearly. Complete all information requested.**

- Charge is \$19.50 for mailed transcripts and \$17.00 for transcripts picked up in person. Exact payment must accompany each request unless the transcript is for NSU internal use, which is free of charge.
- 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.
- 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.
- 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 at the One-Stop Shop on the Fort Lauderdale/Davie Campus or to the above address via postal mail, fax, or email.

**Please complete the below:**

\_\_\_\_\_  
 NSU ID Cell Phone Number\* (required)

\_\_\_\_\_  
 Present Name\* (required)

\_\_\_\_\_  
 Name used at Nova Southeastern University\* (required)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State ZIP

\_\_\_\_\_  
 Non-NSU Email Address\* (required)

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

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 1<sup>st</sup> Street Address

\_\_\_\_\_  
 2<sup>nd</sup> Street Address

\_\_\_\_\_  
 City State ZIP

\_\_\_\_\_  
 Number of Copies NSU Department

**Miami-Dade County Schools only**

Include tuition reimbursement/FT 1 form for \_\_\_\_\_ term.

**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 (\$17.00). Transcript will be stamped: Official transcript issued to student  
 Notify me at (\_\_\_\_) \_\_\_\_\_

Mail transcript (\$19.50)

Internal transcript—free of charge. Please select one option below:  
 Admissions Human Resources

Domestic Express Overnight Delivery (no P.O. Box address) (\$47.00)

International Express Delivery (no P.O. Box address) (\$72.00)

**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

\_\_\_\_\_  
 Credit Card Number

\_\_\_\_\_  
 Expiration Date Amount

\_\_\_\_\_  
 Check/Money Order Number

\_\_\_\_\_  
 Signature\* (required) Date

*This document may be signed electronically in the space indicated below. By signing this document electronically using Adobe Reader, Mac Preview, or the Microsoft Edge Browser, you are representing that you intend and agree that such electronic signature shall have the same binding effect as a handwritten signature, for purposes of validity, enforceability, and admissibility of this document. Any method of electronic signature other than as above-described may not be acceptable to NSU.*

\*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 _____	