NDSU NORTH DAKOTA STATE UNIVERSITY

Official Transcript Request

- **If you have both a major credit card and a valid email address, please see www.ndsu.edu/registrar/records/transcript .**
- *Please note that ordering online is the fastest method of obtaining an official transcript.*

STUDENT INFORMATION

Student ID#: _____ **Date of Birth:** _____

Full/Legal Name: _____ **Former Name(s):** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip/Postal Code:** _____

Email Address: _____ **Daytime Phone:** _____

Are you currently enrolled at NDSU? ◯ Yes ◯ No If ***No***, when did you attend? ◯ Before 1982 ◯ 1982-2002 ◯ After 2002

Did you attend MedCenter One or Sanford College of Nursing in Bismarck? ◯ Yes ◯ No

RECIPIENT INFORMATION

◯ Hold for Pickup ◯ Send to me at address listed above ◯ Send to recipient listed below

Organization/Institution: _____

Contact Person: _____ **Phone Number:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip/Postal Code:** _____

ORDER INFORMATION

Processing Options:

☐ Send Now

☐ At the time when grades are posted for the following semester: ◯ Fall ◯ Spring ◯ Summer YEAR: _____

☐ At the time when degrees are posted for the following semester: ◯ Fall ◯ Spring ◯ Summer YEAR: _____

Rush Delivery Options*:

orders placed by **2 p.m. U.S. Central time will be processed same-day; orders placed after 2 p.m. are processed following business day*

◯ No Rush Delivery

◯ Same Day Pickup add **$20.00**

◯ FedEx (U.S., Canada, or Mexico) add **$25.00**

◯ FedEx (International) add **$45.00**

AMOUNT DUE: Number of Copies: _____ **x $12.00** per transcript **+** _____ rush delivery surcharge *(if applicable)* **= Total** _____

Please enclose a check or money order made payable to NDSU for the total amount and send payment and form to:

Office of Registration and Records
NDSU Dept. 2801, P.O. Box 6050
Fargo, ND 58108-6050

OR bring both payment and form to the Office of Registration & Records on campus at **Ceres Hall 110**

☐ *I understand that my request will not be processed if there is a hold on my NDSU account.*

Signature: _____ **Date:** _____

For Office Use Only

Date Paid _____ Received By _____ Receipt Number _____

☐ Check (number_____) ☐ Cash ☐ Money Order (number_____) ☐ Sent _____