



The National Defense University

Office of the Registrar
300 5th Avenue, Bldg 62
Washington, DC 20319-5066
Com: (202) 685-2128
Fax: (202) 685-3920

Transcript Request Form

Please mail or fax this request to the Office of the Registrar. Transcript requests will be processed within five business days of receipt of the request. Requests by persons other than the student will not be honored without the student's written authorization. Please print clearly.

Name on NDU records: (L) _____ (F) _____ (M) _____

Former/Current Name: (if different than NDU records) _____

SSN or Student ID Number: _____ DOB: _____

NDU college/school attended: _____ Years attended: _____

Phone number: _____ Email address: _____

Mail ____ (# of copies) to:

Recipient: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

Address Line 4: _____

Fax to:

Recipient: _____

Fax number: _____

Please note that it is harder to protect the confidentiality of the record if a transcript is sent via fax.

I authorize NDU to release my academic transcript as instructed on this form. All requests must be authorized by the student's signature in accordance with FERPA.

Signature: _____ Date: _____