



Transcript Request Instructions



The National Defense University University Registrar's Office (URO)

300 5th Avenue SW, Bldg 62

Washington, D.C. 20319-5066

Phone: (202) 685-2128

General Instructions: Complete the attached transcript request form with all applicable information and sign it. Typically a full SSN is not necessary, so including the last four digits is fine. Illegible requests and/or forms with missing information will prevent or delay the processing of the request.

Note for JFSC Students: All transcript requests for programs offered through NDU's Joint Forces Staff College (JFSC) in Norfolk, VA must be submitted directly to the JFSC Registrar's Office. They can be reached at:

DSN: 646 Phone: (757) 443-6124 Fax: (757) 443-6046 Email: registrar2@jfsc.ndu.edu

- Processing of all transcript requests requires a student signature authorizing the prescribed release of the academic transcript. Requests by persons other than the student will not be honored without the student's written authorization and signature.
- For all transcript requests, please allow up to *eight weeks* for processing and transcript delivery. Typically transcript requests are processed more quickly, but our peak times may require the full eight weeks. We receive a large volume of requests, so plan accordingly to allow sufficient time for the transcript to arrive at its destination. If you are requesting a transcript for a promotion board or job application please email your request for fastest receipt. Ensure the deadline is mentioned in your email and annotated on the form and we will try to expedite the request.

(Please Note: Transcripts mailed to APO/FPO addresses may require additional time to be received. Reference: Section 700 of the USPS DMM)

Transcript Request Submission:

Email: *(Preferred submission method.)*

- TYPE or PRINT CLEARLY all applicable information on the transcript request form in blue or black ink and sign, or digitally sign.
 - **Note:** The request form can be signed electronically using a digital signature. (Supports the Federal Paper Reduction Act by allowing the student to route the request electronically without printing and/or scanning.)
- Attach your completed form and email it to the University Registrar's Office at University-Registrar@ndu.edu. You will receive an auto-reply acknowledging receipt.

In-Person:

- TYPE or PRINT CLEARLY all applicable information on the transcript request form in blue or black ink and sign, or digitally sign.
- Deliver the completed transcript request form to the University Registrar's Office (Marshall Hall, Bldg. 62 – Suite 309). As staff members are not always available to accommodate walk-ins, please call or email the office to schedule an appointment if you seek in-person service.

Fax:

- TYPE or PRINT CLEARLY all applicable information on the transcript request form in blue or black ink and sign, or digitally sign.
 - **Note:** The faxed request form does not require a cover letter.
- Transcript Requests may be faxed to (202) 685-3920. (DSN: 325)
- We do not have the staffing to send confirmation receipt for faxed requests.

Mail: *(Mailed requests can take up to 2 - 3 weeks or more to reach our office depending on when and from where the request was mailed.)*

- TYPE or PRINT CLEARLY all applicable information on the transcript request form in blue or black ink and sign, or digitally sign.
- Mail the completed transcript request form to the address noted at the top of the form.
- We do not have the staffing to send confirmation receipt for mailed requests.



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Transcript Request Form

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

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

SSN or Student ID Number: _____ DOB: _____

NDU college/program attended: _____ Attendance Dates: _____

Phone number: (____) _____ Email address: _____

Preferred method of contact for any necessary follow-up (Check only one box below) (The URO is unable to make international calls):

Phone Email

Unofficial transcripts may be faxed or emailed.

Email to: Name: _____ Email Address: _____

Fax to: (____) _____ Attention: _____ Recipient's Phone Number: (____) _____

Official transcripts may be picked up or mailed. Please indicate preferences below:

*Pick up. Number of copies: _____ **(*Transcripts will be held for a maximum of five business days following alert of availability)**

Please mail (enter number) _____ official transcript(s) to the following address:

Please mail (enter number) _____ official transcript(s) to the following address:

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 the National Defense University – Privacy Act Statement.

Signature: _____ Date: _____