



NOTRE DAME
OF MARYLAND
UNIVERSITY

REQUEST FOR ACADEMIC TRANSCRIPT

Social Security # _____ Date of birth _____
 Name _____ Former name _____
 Address _____ Daytime phone # _____
 _____ Dates of attendance _____ to _____

Number of transcript(s) requested: <input type="checkbox"/> Official transcript <input type="checkbox"/> Unofficial transcript _____ <input 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: _____

Official & Unofficial Transcript Fees	First copy	Each additional copy	Total cost
Standard processing Please allow 2-3 business days	\$5.00	\$2.00	
Same-day processing Requests may be processed same-day	\$10.00	\$2.00	

Payment
 Cash Check Charge: VISA Mastercard Discover
 Card number: _____ Expiration date: _____

**I am unable to pick up my transcript(s) personally. I give permission for _____
 to pick up my transcript(s). (Photo ID required)**

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 _____	Amount received _____	Business Hold: Y N
Division _____	Date released _____	Initials _____
Contact Information: Date of contact _____	Comments _____	
