



REQUEST FOR ACADEMIC TRANSCRIPT

Student ID or last 4 SSN _____ Date of birth _____
 Name _____ Former name _____
 Address _____ Daytime phone no. _____
 City, State, Zip _____ Dates of attendance _____ to _____
 Email ID (For notifications only) _____

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: _____

*Currently, the University does not charge for transcripts. Transcripts are typically processed within 5-7 business days from the receipt of the request. Transcripts requested at the end of a semester/final grades posted or when certification is finalized would be sent once that specific process is completed. Transcripts are **NOT released** if the student still has an outstanding balance on their Notre Dame account. Notification to the student of any "holds" would be made at the time the transcript request is received.*

Current students (or those with active WebAdvisor accounts) may request transcripts and check the status of their request by accessing their personal WebAdvisor account.

If there are any questions about the transcript request, the timing/distribution of the transcript or general processing questions, please contact the registrar's office at 410-532-5327 or registrar@ndm.edu.

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 _____ Business hold: Y N
Division _____ Date released _____ Initials _____
Contact Information: Date of contact _____ Comments _____
