



ENROLLMENT AND STUDENT SERVICES
OFFICE OF THE UNIVERSITY REGISTRAR
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NOVA SOUTHEASTERN
UNIVERSITY

Bulk Rate Transcript Request

DATE OF REQUEST ____ / ____ / ____

Please print clearly.

You must complete all information requested.

- Transcripts will not be released with any existing hold(s) on record or until all accounts are paid in full.
- Fees are subject to change without notice.
- Student is responsible for providing a correct mailing address below. Any address correction charges incurred by the university will be charged back to the student.
- All bulk transcripts will only be mailed to one address. Each transcript will be enclosed in a separate envelope with no address indicated on it. All transcripts will be placed in one envelope.
- The transcript is the student's official and complete record of all courses taken at Nova Southeastern University, regardless of number of degrees or programs attempted or conferred. Partial records will not be released.
- NSU does not send transcripts electronically.
- Submit this completed form to the above address via postal mail or fax.

Print clearly.

NSU ID Telephone

Present Name

Name used at Nova Southeastern University

Address

City State ZIP

Email Address

Select one of the below:

- Mail Transcripts to:

Name

Address

City State ZIP

- Hold transcript for pick up at One-Stop Shop Horvitz.

Email me when ready at

Email Address

Call me when ready at (_____) _____

Telephone Number

Social Security Number to be printed on the transcript

- Print a masked SSN (ex. xxx-xx-1234)
 Print full SSN

Special Instructions

Hold for degree conferral _____
Degree Anticipated Conferral Date

Hold for grade _____
Course

Number of Transcripts Requested _____

# of Transcripts	Charge
11 to 20	\$135
21 to 40	\$195
41 to 60	\$225
61 or more	\$275

Method of Payment

- Cash (only accepted at the One-Stop Shop)
 Credit Card Check or money order payable to NSU

I hereby authorize a charge to be made to my credit card

- VISA MasterCard American Express

Account Number

Expiration Date Amount

Check/Money Order Number

Signature* (required) Date

This document may be signed electronically in the space indicated above. By signing this document electronically using Adobe Reader, Mac Preview, or the Microsoft Edge Browser, you are representing that you intend and agree that such electronic signature shall have the same binding effect as a handwritten signature, for purposes of validity, enforceability, and admissibility of this document. Any method of electronic signature other than as above-described may not be acceptable to NSU.

Your signature authorizes the release of transcripts and any charges to your credit card.

FOR OFFICE USE ONLY

Transcript fee 2021

Amount due \$ _____ Amount remitted \$ _____

Amount rec. \$ _____ By: _____

Credit Bal./ref. \$ _____

Date issued _____ By: _____

Hold reason _____