Notre Dame de Namur University
(Formerly College of Notre Dame)
Transcript Request

Office of the Registrar
1500 Ralston Avenue
Belmont CA 94002-1997
Phone: (650)508-3521
Fax: (650)508-3520

The Family Educational Rights & Privacy Act (FERPA) of 1974 prohibits the release of transcript information without the student's written consent.

Student Name:_____**Signature**:_____
Former Name (s): _____
Billing Address: _____
_____
Social Security Number: _____
Student Identification Number: _____
Phone: ( )_____
Approximate date of first attendance: _____
Please Circle: Currently Enrolled? Yes No
Status: Undergraduate Graduate

Check **one** of the following:

- ❑ Send transcript showing courses in progress.
- ❑ Hold until final grades are posted: Semester _____ Year: _____
- ❑ Hold transcript until degree is posted: Semester _____ Year: _____

Send to: _____
_____
_____
_____
(Use additional sheet for more than one address.)

No. of Copies ☐

Payment of $10.00 per transcript is due at time of request (the "first-ever" requested is free). Request may be faxed if using credit card payment. Allow up to 5 working days for processing.

For payment by Visa, Master Card or Discover Card only:

_____ _____
Card Number Expiration Date

_____ _____
Credit Card Billing Address Credit Card Billing City, State, Zip

Signature of cardholder: _____