

NIAGARA UNIVERSITY

Records Office, PO Box 1914, Niagara University, NY 14109-1914
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TRANSCRIPT REQUEST

Name: _____
Last First Middle Initial Maiden Name

Address: _____ Date of Birth: _____

Telephone: _____

City State Zip

Student Number: _____ Social Security Number: _____

TRANSCRIPTS NEEDED:

Undergraduate _____ Number of Copies _____ Official Copy _____ Student Copy _____
 Graduate _____ Number of Copies _____ Official Copy _____ Student Copy _____

Currently Enrolled Student	Inactive Status (former student)
<input type="radio"/> Process Immediately <input type="radio"/> Process After Current Semester Grades <input type="radio"/> Process After Graduation	Date Last Attended: Semester: _____ Year: _____ <input type="radio"/> High School (NU-Step Courses) <input type="radio"/> Undergraduate <input type="radio"/> Graduate

REASON FOR TRANSCRIPT REQUEST:

Employment Financial Aid Graduate School Study Abroad
 Scholarship Transferring Personal Other

SIGNATURE REQUIRED:

I hereby authorize Niagara University to release my transcript with my personal information, by fax or by mail, as per my request(s) on this form and release them from any liability involved with doing so.

Signature: _____ Date: _____

I WILL PICK UP MY TRANSCRIPTS (Photo ID will be required at that time)
 (**someone from the office will call you when they are ready to be picked up)

MAIL or FAX TRANSCRIPT(S) TO: (faxed transcripts are not considered official transcripts)

	FOR OFFICE USE ONLY
	Date received
	Date sent
	Fee paid Billed

PRE-PAYMENT OF TRANSCRIPT FEE:

There is a **\$5.00 (non-refundable) *prepaid* fee** for each transcript requested. (If you have both an Undergraduate and a Graduate transcript, it is considered one transcript and is only \$5 for the pair.) Payment can be in cash, check or money order payable to Niagara University or a credit card number (Discover, MC or Visa) and expiration number. **Pre-payment is required prior to processing.**

Credit Card #: _____ EXP ____ / ____ 09/16/09