



TRANSCRIPT REQUEST

Please allow five working days to process request. Official transcripts must be requested in writing accompanied by the \$10 fee for each *official* copy.

Check here if you wish to be emailed after the completed transcript transaction (you *must* include an email address below).

Name _____ SONIS ID/Last 4 digits of SSN _____

Address _____ Phone _____

Name(s) used at NUNM (if different) _____ Email _____

Dates of Attendance _____ If Graduated: _____
(Month/Year of Graduation)

Student Signature _____

Total number of Official Copies (\$10 each) _____

Total number of Unofficial Copies (no fee) _____

Send transcript(s) to:

Organization _____

Address _____

City, State, Zip _____

Organization _____

Address _____

City, State, Zip _____

Business Office _____ **Date Processed** _____ **Registrar's Office** _____ **Date Processed** _____

Request may be faxed to 503.499-0029 or mailed to
NUNM, Attn: Registrar, 049 SW Porter St., Portland, OR 97201

Pay by cash, check, or credit card. If paying by credit card please include the following information (in order to process credit card we require the 3-digit v-code from the back of the card) – Visa and Mastercard only:

Name on card _____

Card # _____ Expiration Date _____ VCode _____

Billing address (street # and zip code only) _____