

DEPARTMENT TRANSCRIPT REQUEST FORM

Requested By: _____

Department: _____ Phone Number: _____

Date Needed: _____ Box #: _____ (Unofficial Transcripts Only)

Transcripts Needed For:

Name:	Student ID #:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Attach additional sheet if necessary)

Use & Purpose of Request: Why are these transcripts needed and how will transcripts be used? What is the educational need? What UND administrative office will use the data? How will information be protected and secured to insure confidentiality of information? **Note:** The transcripts may not be released to a third party. The student may request a transcript from the Office of the Registrar if needed for another party.

Authorizing Administrator/Faculty

Administrative Authorization: The requested information will be used for the above purposes only and will be destroyed properly. As the UND administrator/faculty responsible for the department requesting the transcripts, I recognize that any other use of this information is a violation of the University policy and Section 8 of the Code of Student Life.

Authorizing Administrator/Faculty Name *Signature*

Phone # *Box #* *E-mail Address*