



NEW SAINT ANDREWS COLLEGE

TRANSCRIPT REQUEST FORM

PLEASE PRINT NAME: _____ DATE: _____

E-MAIL ADDRESS: _____ BIRTHDATE: _____

ADDRESS: _____

PHONE: _____ DATES ATTENDED _____

All account balances must be paid in full prior to requesting transcripts. Should we encounter any processing problems, your request and payment will be returned to you.

I hereby request _____ copy (ies) of my official transcript* sent to the following address(es). Enclosed is \$5.00 per copy. Paid on-line through NSA Bookstore

Signature: _____ (required)

Please send my transcript(s) to: (use back of form for additional addresses)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

* Only unofficial transcripts (\$5.00 each) can be issued to the student. Official transcripts must be mailed to the institution you request.

Mail or FAX completed form to:
Registrar's Office
New Saint Andrews College
PO Box 9025
Moscow, ID 83843

FAX: 208-882-4293 (Payment must be received)

Please allow five working days for requests to be processed. Transcript fee of \$5.00 per copy must accompany this request. Special handling available on request.