Requesting Official transcripts from The National Hispanic University is a two-step process. Your request will not be considered complete until both steps in the process have been completed. Please see the instructions below. If you have questions at any time, you may contact 1-877-762-9801 or nhuregistrar@nhu.edu and someone will assist you.

Instructions:

**Step 1 – Transcript Payment**
To submit payment for your transcript order, please go to https://easypath.ecsi.net/NHU/878/Epay?pld=872. Please complete the online form, which includes a secure payment process. At the end of the transaction, you will receive a confirmation number. Please capture this confirmation number so that it can be included on the transcript request form.

**Step 2 – Transcript Request Form**
Please complete the attached transcript request form. Please note that this form requires a physical signature and the payment confirmation number. Please return the form using one of the options listed below:

Mail:
Laureate Education, 650 S. Exeter St, Attn: Registrar’s Office 7th Floor, Baltimore MD 21202

Fax:
410-843-6416

Email:
nhuregistrar@nhu.edu

We look forward to receiving your request!
The National Hispanic University
Request for Official Transcripts

Instructions:
1. Please complete all required information on the form along with a physical signature.
2. Allow 5-7 working days to process. This does not include mail time.
3. Official transcripts fees are subject to change and are as follows:
   - $4.00 per copy
   - $8.00 rush order (3 working days)
   - $10.00 Emergency (2 working days)
4. Transcripts will not be released until all financial obligations to the University are met.
5. Please no P.O. Box addresses

Student Information (please print):

*Student Name: _______________________________________ NHU ID: __________________________

*Student Address: ________________________________________________________________________
   Street     City   State  Zip

*Email Address: ______________________________________  *Daytime Phone: ___________________

*Last Four Social Security Number: ____________  Date of Birth (mm/dd/yyyy): _____________
(* indicates required information)

Clearly print the name and complete mailing address (including Zip Code) for transcript delivery. Use boxes on next page for additional delivery addresses, if necessary. Please, no P.O. Box addresses.

Delivery Information:

Name: __________________________________________________________________________________

Street: __________________________________________________________________________________

City: ________________________________State _____________________Zip/Province ________________

Number of Copies to this address: _____
   Standard Mail $4 per copy _____ x $4 = _____________
   Rush Mail $8 per copy_____ x $8= _____________
   Emergency Mail $10 per copy_____ x $10= _____________
   Total Charge = __________

Student Signature* (required): ______________________________________ Date: ___________________
(*This form requires a physical signature)

Payment Confirmation Number* (required): ______________________________
Additional Delivery Information

Using the form below, please list additional addresses for transcript delivery. Incomplete information may result in a delay in transcript processing.

Name: ____________________________________________________________

Street: ____________________________________________________________

City: __________________________ State ______________ Zip/Province __________

Number of Copies to this address:       Standard Mail $4 per copy ____  
                                      Rush Mail $8 per copy ____  
                                      Emergency Mail $10 per copy ____

Name: ____________________________________________________________

Street: ____________________________________________________________

City: __________________________ State ______________ Zip/Province __________

Number of Copies to this address:       Standard Mail $4 per copy ____  
                                      Rush Mail $8 per copy ____  
                                      Emergency Mail $10 per copy ____

Name: ____________________________________________________________

Street: ____________________________________________________________

City: __________________________ State ______________ Zip/Province __________

Number of Copies to this address:       Standard Mail $4 per copy ____  
                                      Rush Mail $8 per copy ____  
                                      Emergency Mail $10 per copy ____

Name: ____________________________________________________________

Street: ____________________________________________________________

City: __________________________ State ______________ Zip/Province __________

Number of Copies to this address:       Standard Mail $4 per copy ____  
                                      Rush Mail $8 per copy ____  
                                      Emergency Mail $10 per copy ____