



# CLASS OF 2020: ACADEMIC & LEADERSHIP FELLOWSHIP

## STEP TWO (2): TRANSCRIPT REQUEST



### TO THE APPLICANT:

Please complete and send this form to the registrar of each undergraduate/graduate school (s) that you have previously attended. Each applicant is responsible for confirming that the required number of transcripts are received by the Program Office.

**To the Registrar of:** \_\_\_\_\_

Please attach this form and forward **two (2)** official transcripts, affixed with the official seal, for the person named below to the following address:

**National Urban Fellows  
Attn: Program Director  
1120 Avenue of the Americas, 4th Fl  
New York, NY 10036**

Name: \_\_\_\_\_  
First name (legal name) Last name Middle Name

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other name (s) under which transcripts may be issued: \_\_\_\_\_ Birth date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

Dates attended: From: \_\_\_\_\_ to \_\_\_\_\_ Degree obtained, if applicable: \_\_\_\_\_

Your direct phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**To the Registrar of:** \_\_\_\_\_

Please attach this form and forward **two (2)** official transcripts, affixed with the official seal, for the person named below to the following address:

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Name: \_\_\_\_\_  
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Other name (s) under which transcripts may be issued: \_\_\_\_\_ Birth date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

Dates attended: From: \_\_\_\_\_ to \_\_\_\_\_ Degree obtained, if applicable: \_\_\_\_\_

Your direct phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PLEASE DUPLICATE THIS FORM AS MANY TIMES AS NECESSARY.**

Once you have completed the Transcript Request Form please save the Form on your PC, in an easy accessible folder, and:

- Send to the registrar's office of your undergraduate/graduate school (s); and
- Email a completed Transcript Request Form to the Program Office

The subject line should read: **2020 Transcript Request Form**; and should be e-mailed to: **2020intentForm@nuf.org**

| <b>TRANSCRIPTS SUBMITTED</b> |                       |                             |           |
|------------------------------|-----------------------|-----------------------------|-----------|
| <b>College/University</b>    | <b>Date Requested</b> | <b>For NUF Staff ONLY</b>   |           |
|                              |                       | <b>Transcript Received?</b> |           |
|                              |                       | <b>YES</b>                  | <b>NO</b> |
|                              |                       | <b>YES</b>                  | <b>NO</b> |
|                              |                       | <b>YES</b>                  | <b>NO</b> |
|                              |                       | <b>YES</b>                  | <b>NO</b> |
|                              |                       | <b>YES</b>                  | <b>NO</b> |

Thank you!

You have now completed **Step Two(2): Transcript Request.**

Please proceed onto completing **Step Three(3): Program Application.**