



CHOWAN UNIVERSITY

Registrar's Office
One University Place
Murfreesboro, NC 27855

Chowan Transcript Request Form

From:

First Name (Please print)

Middle Name

Last Name

Last Four of Social Security Number: _____ Date of Birth: _____

Last Term/Year of Attendance: _____

Daytime Phone Number: _____

***Each transcript is \$5**

The address of where you would like your transcript (s) mailed:

Name: _____

Address: _____

City, State, Zip: _____

Name: _____

Address: _____

City, State, Zip: _____

Signature of Student

Date

NOTE: Transcript will not be released without your signature

Please include \$5 payment within envelope. Make checks payable to Chowan University. If faxing request, send to 252-398-6443 and call the Business Office at 252-398-6478 to make the payment.

Transcript Requests should be mailed back to:

**Chowan University
Registrar's Office
One University Place
Murfreesboro, NC 27855**