



# COLLEGE TRANSCRIPT REQUEST FORM

Submit this form to your College Registrar's Office

To Registrar: \_\_\_\_\_  
*Name of School*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

From:

\_\_\_\_\_  
*First Name (Please print) Middle Name Last Name*

\_\_\_\_\_  
*Street Address City State Zip*

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently attending? *Yes* or *No*  
*(Please circle)*

Last Term / Year of Attendance: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
*Signature of Student*

**NOTE: Transcript will not be released without your signature.**

Number of transcripts to be mailed: \_\_\_\_\_

## PLEASE MAIL TRANSCRIPT TO:

Office of Admissions  
One University Place  
Murfreesboro, NC 27855-1844  
888-4-CHOWAN  
[www.chowan.edu](http://www.chowan.edu)

## SPECIAL REQUESTS

- Send transcript now
- Send after current grades are posted
- Send after degree is conferred
- Send after incomplete grade is posted  
Term: \_\_\_\_\_ Year: \_\_\_\_\_
- Prepare official, sealed transcript