NORTH CAROLINA A&T
STATE UNIVERSITY
Office of the Registrar

Transcript Request Form

Instructions: Complete the form with all applicable information. Please complete accurate address information for each destination to mail Official Transcript(s) to and indicate the number of copies to be mailed. Transcripts are $5.00 per copy, payable by check or money order. Make checks payable to North Carolina A&T State University.

- Transcripts requested through the mail will be processed in approximately 5-7 business days once the request has been received in the Office of the Registrar.
- It is the student’s responsibility to provide accurate address information on the form.
- Transcripts will not be released without the student’s signature or if the student has an outstanding financial obligation to the University.
- The Office of the Registrar does not provide transcripts from other institutions.
- The Office of the Registrar does not fax, e-mail or provide unofficial transcripts.
- We do not accept UPS or FedEx pre-paid envelopes for overnight delivery.
- If you need for us to expedite your transcript request you must send a USPS Express Mail pre-paid envelope. By providing the pre-paid USPS Express Mail envelope does not expedite the 5-7 business day processing time.
- Payment must be received at time of request.

Please PRINT the following information:

<table>
<thead>
<tr>
<th>Name (Last, First, MI)</th>
<th>Student Banner ID or Last Four SS#</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Address (Street, City, State Zip)</td>
<td>Contact Number</td>
<td></td>
</tr>
<tr>
<td>E-mail Address</td>
<td>Dates of Enrollment</td>
<td>Previous Last Names</td>
</tr>
</tbody>
</table>

Currently Enrolled:  
Yes [ ] No [ ]

Delay Processing Until: 
[ ] Current Semester Grades Have Been Posted
[ ] *Degree Has Been Posted

*Please allow an additional 4 weeks after the end of the semester

Number of Copies: ____________________

Signature: ____________________________

Today’s Date: ________________________

Mail ___ (#) Transcript to:  
______________________________

Mail ___ (#) Transcript to:  
______________________________

For Office Use ONLY:

Date Received: _________  Date Mailed: _______  Vault Record: _____  Hold _____  $ _______  Received

Please mail completed request to:
North Carolina A&T State University
Office of the Registrar – Transcripts
1601 E. Market Street, Greensboro, NC 27411-1095

Revised 09-23-2011 dm