NORFOLK STATE UNIVERSITY
OFFICE OF THE REGISTRAR
700 Park Ave.
Norfolk, VA 23504

REQUEST FOR TRANSCRIPT

NAME: _____
LAST FIRST MI

SSN: _____-_____-_____

ADDRESS: _____
STREET APT #

_____
CITY STATE ZIP CODE

TELEPHONE: (_____) _____

Privacy Act: Transcript can be released only with your written permission. Please sign and date below.

_____ _____
Signature of Student **Date**

Have you requested transcripts previously?
☐ Yes ☐ No

Did you attend prior to 1980? ☐ Yes ☐ No

Dates of Attendance: _____
FROM TO

☐ Undergraduate ☐ Graduate ☐ Both

Date of Graduation: _____

Degree Received: _____

Name Enrolled Under:

_____

Print the mailing address where you would like your transcript sent:
(The address appears in the envelope window)

_____

_____

_____

_____

Transcripts are issued only upon the written request of the student or his or her authorized agents and should be requested at least 7 days prior to the date needed.

The fee for each transcript is $3.00 and may be paid in person at the Cashier's Office, first floor of Wilson Hall or mailed with the written request. Student should allow at least 3 to 7 business days for processing.

Transcripts are released only when a student's account is paid in full and the student's loans are current (University Catalog).

Transcript mailed on _____by _____

Delivery Instructions

☐ Send Now

☐ Hold until Degree Posted – graduating senior

☐ Hold for Current Semester Grades

☐ Pick Up (Student Copy Only)

_____ Number of Copies to Send

To be completed by Office Staff

Amount Received $ _____

Receipt Number _____

Request Received on _____ by _____

Note Requestor:

☐ Transcript withheld because of outstanding debt to the University (contact Student Accounts/ Student Loans)