

NORFOLK STATE UNIVERSITY
 OFFICE OF THE REGISTRAR
 700 Park Ave.
 Norfolk, VA 23504
 (757) 823-8229 • (757) 823-8907 (fax)

REQUEST FOR TRANSCRIPT

Print Clearly

NAME: _____
LAST FIRST MI

ID or SSN: _____

ADDRESS: _____
STREET APT #

CITY STATE ZIP CODE

TELEPHONE: (____) _____

DATE OF BIRTH: _____

EMAIL ADDRESS: _____

Have you requested transcripts previously?
 Yes No

Did you attend prior to 1980? Yes No

Dates of Attendance: _____
FROM TO

(Failure to provide ALL dates of attendance may result in an incomplete transcript)

Undergraduate Graduate Both

Date of Graduation: _____

Degree Received: _____

Name Enrolled Under:

Privacy Act: Transcript can be released with the student's written permission only. Please sign and date below.

 Signature of Student Date

Print clearly the complete mailing address where you would like your transcript sent:

Name: _____

Street: _____

City, State, Zip: _____

Attn: _____

Transcripts are issued only upon the written request of the student or his or her authorized agents and should be requested at least 10 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, second floor of the Student Services Center or mailed with the written request. Student should allow 10 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).

Delivery Instructions

Send Now

Hold until Degree Posted – **Graduating Senior**

Hold for Current Semester Grades

_____ 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)