

Transcript Request

Please print and complete a separate form for each transcript you request. A request will normally be processed within 72 hours following its receipt. There is a \$5.00 fee for each transcript.

Mail to:

Registrar
Watts School of Nursing
2828 Croasdaile Drive
Suite 200
Durham, North Carolina 27705

For Official Use
Date Processed: _____
Payment: _____
Transcript Mailed: _____

Name: _____
Last First Middle

Address: _____
Street or P.O. Box Number

City State Zip Code

Name while enrolled (if different from above): _____

Social Security Number: |_X_|_X_|_X_|_ - |_X_|_X_|_ - |_____|_____|_____|_____|
(Last 4 digits to comply with HIPPA Security/Privacy Regulations)

Date of Birth: _____
Month Day Year

Phone Number: Area Code |_____|_____|_____| Number |_____|_____|_____|_ - |_____|_____|_____|_____|

Class of:

Year Month Currently Enrolled

Type of Transcript: Official Unofficial

Mail To: _____
Name

Street or P.O. Box Number

City State Zip Code

Signature: _____ **Date:** _____

