

## Watts School of Nursing

### Transcript Request – **Current** Students

Please print and complete a separate form for each transcript request. Each request will be processed within 3 business days of receipt. There is no fee for current students.

**Mail to:**

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

**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street or P.O. Box Number  
\_\_\_\_\_  
City State Zip Code

**Name when enrolled (if different from above):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_  
XXX-XX-  
(Last 4 digits only to comply with HIPPA Security/Privacy Regulations)

**Date of Birth:** \_\_\_\_\_  
Month Day Year

**Phone Number:** \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Attended:**

Start date: \_\_\_\_\_ (month/year)

Current course enrolled: \_\_\_\_\_

**Type of Transcript:** Official  Unofficial

**Mail To:** \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street or P.O. Box Number  
\_\_\_\_\_  
City State Zip Code