

**Chowan University Transcript Request**

Name \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full address where the transcript is to be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Last Attended: \_\_\_\_\_

Be sure to include payment in advance (check for \$5.00 per transcript made payable to Chowan University) with each request.

The Registrar's Office gives one-day service to requests, but things can be held up if there are any outstanding debts to the University. No transcript can be released if there are pending financial obligations to the University.

Print and mail (not fax) this form, with payment, to:

Registrar's Office  
Chowan University  
One University Place  
Murfreesboro, NC 27855