

Please complete a separate request form for each transcript copy that you want.

There is a charge of \$10.00 per official transcript.

NOTE: We accept mailed requests with a check or money order and a copy of a photo ID. Do not mail cash. Mail to Registration and Records, 9101 Fayetteville Rd, Raleigh NC 27603.

Name:					()_	
Address:	First			ЛІ		
Street or P.O. Boy	Number					
City			State			Zip
Student ID Number:				Date of Birth:	Month Day	y Year
Student Email:					inonal Daj	,
Were you a student at V	Vake Tech before 1	984? 🗌 Yes	🗌 No			
Name while Enrolled (if	different from abov	e):				
Type of Transcript Req Official transcript Check One: Send		cial / Student Tra er grades are po	· _	Send after degree	e is posted	
Options:		· · · -				
	Unofficial Student T on / State / Fax #		•			- /
Check One:	ny Transcript.					
Please allow the per the form below, I am have a photo I.D. to su	rson listed below to plan authorizing the persubmit the request.) Not	on listed to subr e: The student m	nit this transc ust attach a c	ript request on m opy of a photo ID	ny behalf. (This	
Please mail transcript to the address below.						
Mail To	Name					
	Address			Receipt Num Amount Paid	:	l iy
	City	State	Zip	Transcript Ma Transcript Pio By:	cked Up:	
Signature				Date		
				_		