



REQUEST FOR ACADEMIC TRANSCRIPT

In accordance with the Family Rights and Privacy Act (FERPA), academic transcripts will be provided upon receipt of a signed, written request form or letter. Electronic signatures and requests received via phone or email cannot be processed. Requests which are submitted in person will require a photo ID of the student whose transcript is being requested. All transcript holds must be resolved before the transcript can be delivered. \*Please allow three business days for processing except for during peak periods at the beginning/end of a term when additional processing time may be necessary.

Please PRINT LEGIBLY using Black or BLUE ink.

Today's Date (Month/Day/Year) \_\_\_\_\_ CNU ID Number (if known): \_\_\_\_\_

(Social Security Number [optional and voluntary for use with historical records only]): \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ (Last) (First) (MI) (Maiden, if applicable)

Other name(s) while attending CNU (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_ (Month Day Year)

Address: \_\_\_\_\_ (Street Address City State Zip)

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Year(s) of Attendance: \_\_\_\_\_ - \_\_\_\_\_ Student Level at CNU: Undergraduate Graduate Both

Additional Information

I am, or may consider, transferring to \_\_\_\_\_ (Name of university or college)

I am not returning to CNU for the following reason(s): Academics Finances Family Obligations Graduation from CNU Relocation Personal Medical Employment

Did not offer the following major: \_\_\_\_\_

Other: \_\_\_\_\_

Mailing/Delivery Instructions

Mail OFFICIAL transcript(s) to address provided at the top of this request form. # of copies AND / OR Mail to Third Party

Mail OFFICIAL transcript(s) to the following address (include complete address). # of copies

Name/Organization: \_\_\_\_\_

Attn: \_\_\_\_\_

Street Address: \_\_\_\_\_

P.O. Box Number: - or - Apt Number: - or - Suite Number: \_\_\_\_\_

City: State: ZIP: \_\_\_\_\_

Fax UNOFFICIAL transcript to: ( ) Attn: \_\_\_\_\_

Hold for pick-up (available within 3 business days\*; photo ID required). # of copies

Process: Now (mailed within 3 business days\*) After current term grades posted After degree posted

SIGNATURE OF STUDENT

(Student's Signature)

(Date)

Mail, fax, or hand deliver signed request to:

Christopher Newport University, Attn: Office of the Registrar, 1 University Place, Newport News, VA 23606

Fax Number: (757) 594-7711