

**ACADEMIC TRANSCRIPT REQUEST FORM**

This form, and my signature below, authorizes the State Archives of North Carolina to release a copy of my academic transcript.

**PLEASE PRINT****School Attended and Location:** \_\_\_\_\_**Name as it Appears on Transcript:** \_\_\_\_\_**Years of Attendance:** \_\_\_\_\_**Course of Study:** \_\_\_\_\_**Date of Birth:** \_\_\_\_\_**Social Security Number:** \_\_\_\_\_**Current Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_**Telephone Number or E-mail Address:** \_\_\_\_\_**Mail transcript to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Signature:** \_\_\_\_\_

Under NC State Law, you must provide an original signature for the Archives to release your academic record. A photocopy, FAX, or scanned signature will not be accepted.

**Date:** \_\_\_\_\_

A non-refundable fee of \$2.00 for each copy must accompany requests for academic transcripts. Please make check or money order payable to NCDNCR. There is no fee for financial aid transcripts. Please allow 7 working days for requests to be processed.

**Please Mail Your Signed Request and Payment To:**

State Archives of North Carolina  
Attn: Transcript Requests  
4614 Mail Service Center  
Raleigh, NC 27699-4614