

State Archives of North Carolina Transcript Request Form

Academic Information

School Attended: _____

City of School: _____

Dates of Attendance: _____

Course of Study/Degree: _____

Identifying Information

Name (please print): _____

Legal Name while Enrolled (if different): _____

Last Four Digits of Social Security Number: _____

Date of Birth: _____

Contact Information

Telephone Number: _____

Email Address: _____

Current Mailing Address: _____

Where should we send the transcript?

To your mailing address listed above.

To an employer or school (please provide address): _____

Signature and Date

Under NC State Law, you must provide an original signature for the State Archives of North Carolina to release your academic record. Photocopied, faxed, scanned, or digital signatures are not permitted. Please print this form and sign with pen in the box below.

Payment and Mailing Information

Each copy of a transcript costs \$2.00. Exact cash (no coins), check, or money order are accepted forms of payment. Please fill out checks and money orders completely and make them payable to NCDNCR (North Carolina Department of Natural and Cultural Resources). Please mail your signed request and payment to:

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