

# Request for Official Transcript

**PAY OVER THE PHONE AT: (919) 530-6209**  
**(DEBIT/CREDIT CARDS ACCEPTED)**

**FAX YOUR REQUEST TO: (919) 530-7974**



North Carolina Central University  
Office of the University Registrar  
1801 Fayetteville Street  
Durham, NC 27707  
Phone: (919) 530-6654

*Processing Time for Transcript Request Is Within 2-3 Business Days  
(Does Not Include Postal Delivery Time)*

**NO PERSONAL CHECKS ACCEPTED – MONEY ORDERS BY MAIL ONLY**

**STUDENT INFORMATION: (PLEASE PRINT OR TYPE LEGIBLY)**

Name \_\_\_\_\_ Address \_\_\_\_\_

Maiden or other names used \_\_\_\_\_

\_\_\_\_\_

Banner ID Number OR \_\_\_\_\_ Phone # \_\_\_\_\_

Last 4 of SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ Dates Attended: From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

(By signing, I certify that I am the above student requesting my NCCU transcript)

Signature \_\_\_\_\_ Date of Request \_\_\_\_\_

MAIL TRANSCRIPTS TO:  
(TRANSCRIPTS ARE **\$10.00** PER COPY)

OR

PICKUP: \_\_\_\_

Number of Copies \_\_\_\_

(pay-by-phone only)  
Payment Confirmation # \_\_\_\_\_ Amt. Paid \_\_\_\_

Please list the complete address:

**Please note:** If you **DO NOT** include your Confirmation # or the Amount Paid, your transcript **WILL NOT** be processed.

Number of Copies \_\_\_\_

Please list the complete address:

Send Transcripts: Now \_\_\_\_ Hold For Current Semester Grades \_\_\_\_ Hold For Degree Posting \_\_\_\_  
(Check One)

**NOTE: ALL FINANCIAL OBLIGATIONS MUST BE SATISFIED BEFORE THIS REQUEST IS PROCESSED**

OFFICE USE ONLY	
Number of Transcripts _____	Amount Paid _____
Type of Payment _____	Initials _____
Date ____ / ____ / ____	