



Transcript Request Instructions

Procedure for Non-Enrolled Students: (Online Form)

- ❖ Complete the form leaving no question unanswered (unanswered questions only delay request)
- ❖ Print the request form
- ❖ Sign your request (Requests that are not signed will not be processed)
- ❖ Enclose the processing fee (\$5.00) per copy in the form of a money order, cashier's check or personal check (personal checks have a clearance time of 5-10 working days)
- ❖ Mail to the address as shown on the form or as follows:

Elizabeth City State University
Office of the Registrar, CB 953
1704 Weeksville Rd.
Elizabeth City, NC 27909

Enrolled Students:

All Enrolled students should follow the above instructions. The enrolled student fee is \$2.00 per copy (unofficial copies can be printed from your student web account online). Students can mail the form in or submit it to the Registrar's Office after paying the fee to the cashier



Elizabeth City State University
Office of University Registrar, Campus Box 953
Elizabeth City, NC 27909

REQUEST FOR TRANSCRIPT OF RECORD
OFFICIAL TRANSCRIPTS ARE RELEASED TO SCHOOLS OR OTHER AUTHORITIES

Today's Date	Undergraduate <input type="checkbox"/> (Bachelor)	Graduate <input type="checkbox"/> (Master)	
Student Printed Name (Last, First, Middle)	Check Official <input type="checkbox"/>	Un-official (Student copy) <input type="checkbox"/>	
Student's SSN	Check If You Are Now Enrolled <input type="checkbox"/>	First Year Enrolled (ex. 94F/95S/95M) <input type="text"/>	Last Year Enrolled <input type="text"/>
Student's Address	Have You Previously Requested A Copy of Your Record? Yes <input type="checkbox"/>	No <input type="checkbox"/>	
City, State & Zip Code	Number of Copies Requested	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other
Telephone	Have You Ever Been Enrolled At ECSU Under Another Name? If so, State		

Print plainly within the space below the name and address of the person or institution you wish to receive this transcript. *If the student will be receiving the transcript please specify in the addressee "Student Pick-Up".* Transcripts will be ready for pick-up on the next business day after 1:00 pm only for Walk-in request.

First Addressee	Second Addressee
Name	Name
Street	Street
City/State/Zip	City/State/Zip

Student Signature: _____
(Request cannot be processed if signature is omitted)

Transcript Fee: **Non-Enrolled Students - \$5.00** **Enrolled Students - \$2.00**
REQUIRED SIGNATURES: (Needed if graduation date is over 6 months)

Business Office: _____ **Financial Aid Office:** _____

NOTE: **NO** TRANSCRIPTS OF A STUDENT'S RECORD WILL BE FURNISHED TO ANY STUDENT OR ALUMNI WHOSE FINANCIAL OBLIGATIONS TO THE UNIVERSITY HAVE NOT BEEN SATISFIED.

(OFFICIAL USE ONLY- DO NOT WRITE BELOW THIS STATEMENT)

Processed	Mailed	Picked-Up	Receipt #
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