

PLEASE RETURN THIS FORM, FULLY COMPLETE AND SIGNED TO:
 OFFICE OF THE REGISTRAR
HAMPTON UNIVERSITY
 HAMPTON, VIRGINIA 23668

APPLICATION FOR TRANSCRIPT:

Requests must be made in writing by the student. Because of the confidential nature of a record, transcript by telephone will not be accepted.

All transcripts will be sent as soon as possible unless hold for normal semester grading or degree posting is marked to the right.

You may also visit www.getmytranscript.com to request your transcript

DATE OF REQUEST	NAME AT TIME OF ATTENDANCE
FULL NAME(LAST, FIRST, MIDDLE) (PRINT CLEARLY)	
CURRENT ADDRESS	APT. NO.
CITY	STATE ZIP CODE

SEND TRANSCRIPT TO: (GIVE COMPLETE NAME AND ADDRESS AND PRINT CLEARLY:
 THIS IS THE ACTUAL MAILING LABEL)

NAME
ADDRESS
CITY STATE ZIP CODE

HU ID NUMBER	CURRENTLY ENROLLED <input type="checkbox"/> YES <input type="checkbox"/> NO
GIVE DATES OF ATTENDANCE IF NOT CURRENTLY ENROLLED FROM: TO:	
PLEASE CHECK TYPE OF TRANSCRIPT NEEDED <input type="checkbox"/> Undergraduate <input type="checkbox"/> Professional <input type="checkbox"/> Graduate <input type="checkbox"/> College of continuing Education _____	
DATE TRANSCRIPTS SHOULD BE SENT <input type="checkbox"/> Normal Processing Time (3 to 5 Business Days)	
FOR HOLD, SUBMIT FORM NO EARLIER THAN TWO WEEKS BEFORE CLOSE OF TERM <input type="checkbox"/> Wait for Current Semester Grades <input type="checkbox"/> Wait for Currently Completed Degree	
CHECK TYPE OF TRANSCRIPT REQUESTED <input type="checkbox"/> PERSONAL NO. OF COPIES _____ <input type="checkbox"/> OFFICAIL NO. OF COPIES _____ _____ STUDENT'S SIGNATURE *ALL TRANSCRIPTS ORDERED ON THIS FORM WILL BE SENT AS SPECIFIED TO THE LEFT	
FOR OFFICE USE ONLY	
FEE DUE \$	CLERK
AMOUNT PAID \$	DATE SENT