

PLEASE RETURN THIS FORM, FULLY COMPLETED 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 requests 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.

SOCIAL SECURITY NO. OF REQUESTOR	NAME AT TIME OF ATTENDANCE	
FULL NAME (LAST, FIRST, MIDDLE)		
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

DATE OF REQUEST	CURRENTLY ENROLLED <input type="checkbox"/> YES <input type="checkbox"/> NO
GIVE DATES OF ATTENDANCE IF NOT CURRENTLY ENROLLED FROM: TO:	
IF GRADUATED DEGREE	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
DATE: _____	

DATE TRANSCRIPTS SHOULD BE SENT	<input type="checkbox"/> Wait for Current Semester Grades
FOR HOLD, SUBMIT FORM NO EARLIER THAN TWO WEEKS BEFORE THE CLOSE OF THE TERM	<input type="checkbox"/> Wait for Currently Completed Degree

CHECK TYPE OF TRANSCRIPT REQUESTED	
<input type="checkbox"/> PERSONAL	NO. OF COPIES _____
<input type="checkbox"/> OFFICIAL	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