

REQUEST FOR TRANSCRIPTS

The Graduate School, 241 Mossman Bldg, 1202 Spring Garden St., UNC at Greensboro, Greensboro, North Carolina 27412

TO: Registrar, _____ Last Date Attended: _____

FROM: _____
Last Name First Middle

If attended under a name other than above, give other name: _____

SOCIAL SECURITY NO.: _____
Voluntary

CURRENT ADDRESS: _____

Applicant: Please complete this form and mail **directly** to the institution in which you wish to request an official transcript.

Signature

Applicant: If an official transcript is not available, you may send an unofficial one, provided you furnish a final official transcript 30 days prior to the day you first enroll. Please note: your registration may be cancelled or halted if your final official transcript is not received.

REQUEST FOR TRANSCRIPTS

The Graduate School, 241 Mossman Bldg, 1202 Spring Garden St., UNC at Greensboro, Greensboro, North Carolina 27412

TO: Registrar, _____ Last Date Attended: _____

FROM: _____
Last Name First Middle

If attended under a name other than above, give other name: _____

SOCIAL SECURITY NO.: _____
Voluntary

CURRENT ADDRESS: _____

Applicant: Please complete this form and mail **directly** to the institution in which you wish to request an official transcript.

Signature

Applicant: If an official transcript is not available, you may send an unofficial one, provided you furnish a final official transcript 30 days prior to the day you first enroll. Please note: your registration may be cancelled or halted if your final official transcript is not received.