

ACADEMIC UNOFFICIAL TRANSCRIPT REQUEST

Return to: Queens University of Charlotte, Registrar,
1900 Selwyn Avenue, Charlotte, NC 28274
Or fax to: 704.337.2218



<p><i>Student Information: Please fill out all pertinent information in order to ensure accuracy and expedite your request.</i></p> <p>Name _____, _____, _____ <i>Last</i> <i>First</i> <i>MI</i></p> <p>Maiden (or other names used) _____</p> <p>Queens Student ID # _____</p> <p>First 4 Digits of Social Security Number _____</p> <p>Date of Birth ____ / ____ / ____</p> <p style="text-align: center;"><i>Please check below if you attended:</i></p> <p><input type="checkbox"/> Queens BEFORE 1989</p> <p><input type="checkbox"/> Presbyterian Hospital School of Nursing Program</p>	<p>Street Address: _____ _____ _____</p> <p style="text-align: right;"><i>City</i> <i>State</i> <i>Zip</i></p> <p>Daytime Phone (_____) _____ - _____</p> <p>E-Mail Address _____</p> <p>Graduation Date (if applicable) _____</p> <p>Dates Attended (if no graduation) _____</p> <p style="text-align: center;"><input type="checkbox"/> <i>Please check here if the above is new address information that we can use to update your file on record at Queens.</i></p>
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Definition of unofficial transcripts.

An **unofficial** transcript bears no seal or other certifying marks and is stamped "Unofficial."

Please prepare transcripts with the following address(es):

____ (# copies) UNOFFICIAL*

Is this transcript to be used to determine scholarship eligibility? YES / NO
 If Yes, by federal regulations, we must share this information with the Student Financial Services office.

Receiving Institution 1	
Mailing Address	
City, State, Zip	
Fax # (if needed)	

____ (# copies) UNOFFICIAL*

Is this transcript to be used to determine scholarship eligibility? YES / NO
 If Yes, by federal regulations, we must share this information with the Student Financial Services office.

Receiving Institution 2	
Mailing Address	
City, State, Zip	
Fax # (if needed)	

____ (# copies) UNOFFICIAL*

Is this transcript to be used to determine scholarship eligibility? YES / NO
 If Yes, by federal regulations, we must share this information with the Student Financial Services office.

Receiving Institution 3	
Mailing Address	
City, State, Zip	
Fax # (if needed)	

INSTRUCTIONS: Mail immediately Fax to number indicated I will pick up Deadline (if any) _____

E-Mail me at address above when ready for pick up HOLD for grades HOLD for degree/certification

****TRANSCRIPTS WILL NOT BE ISSUED IF THERE IS ANY OUTSTANDING FINANCIAL OBLIGATION DUE TO THE UNIVERSITY. IF YOU THINK YOU MAY HAVE AN OUTSTANDING DEBT, CONTACT STUDENT FINANCIAL SERVICES AT (704) 337-2225. ****

Student's Signature _____ Date Requested ____/____/____

(Transcript requests without the student's signature will not be processed.)