

# Request for Academic Transcript

In accordance with the Family Rights and Privacy Act (FERPA), academic transcripts will be provided upon receipt of a signed, written request form or letter. Requests which are submitted in person will require a photo ID of the student whose transcript is being requested. All transcript holds must be resolved before the transcript can be delivered. **\*Please allow three business days for processing except for during peak periods at the beginning/end of a term when additional processing time may be necessary.**

Today's Date (Month/Day/Year) \_\_\_\_\_ CNU ID Number (if known): \_\_\_\_\_

(Social Security Number [optional and voluntary for use with historical records only]): \_\_\_\_\_

Student's Full Name: \_\_\_\_\_  
(Last) (First) (MI) (Maiden, if applicable)

Other name(s) while attending CNU (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_  
Street Address City State Zip

Year(s) of Attendance: \_\_\_\_--\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

### Additional Information

I am, or may consider, transferring to \_\_\_\_\_  
(Name of university or college)

I am *not* returning to CNU for the following reason(s):

Academics  Finances  Family Obligations  Graduation from CNU  Relocation

Personal  Medical  Employment

Did not offer the following major: \_\_\_\_\_

Other: \_\_\_\_\_

### Mailing/Delivery Instructions

Mail \_\_\_\_\_ # of copies OFFICIAL transcript(s) to address provided at the **top of this request form.**  
AND / OR Mail to Third Party

Mail \_\_\_\_\_ # of copies OFFICIAL transcript(s) to the below address (include complete address).

Name/Organization: \_\_\_\_\_

Attn: \_\_\_\_\_

Street Address: \_\_\_\_\_

P.O. Box Number: \_\_\_\_\_ - or - Apt Number: \_\_\_\_\_ - or - Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Fax UNOFFICIAL transcript to: ( ) \_\_\_\_\_ Attn: \_\_\_\_\_

Hold for pick-up \_\_\_\_\_ # of copies (Transcripts are available within 3 business days\*; **photo ID required**).

**Process:**  **Now** (mailed within 3 business days\*)  **After current term grades posted**  **After degree posted**

### SIGNATURE OF STUDENT

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

**Mail, scan & email, fax, or hand deliver signed request to:**

Christopher Newport University, Attn: Office of the Registrar, 1 Avenue of the Arts, Newport News, VA 23606

Email: register@cnu.edu

Fax Number: (757) 594-7711