

# Neuse Charter School Transcript Request

Print and complete the following information and return to the office. Please allow 3-5 business days for transcripts to be processed.

Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Number of Copies Requesting \_\_\_\_\_

## Institution Information

Name of School, College, or University

\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax Number  
\_\_\_\_\_

Department  
\_\_\_\_\_

## Type of Transcript

Official       Unofficial

## Delivery Method

Hold in the office for pick-up  
 Mail/fax to the address above

Office Only:  
Date Delivered \_\_\_\_\_ Initial \_\_\_\_\_