

EASTERN North Carolina SCHOOL FOR THE DEAF

REQUEST FOR OFFICIAL TRANSCRIPT

Please read the following directions:

- All transcript requests must have an original signature.
• Phone requests will not be accepted
• Official transcripts will be mailed directly to the colleges/universities.
• Only unofficial transcripts will be given in person or mailed to address listed.

Please mail to: Eastern NC School for the Deaf

Attn: Student Files

1311 US Hwy 301 South, Wilson, NC 27893-6621

Student's Name (Print) _____

Address _____

City _____ State _____ Zip Code _____

Last 4 Digits of Social Security # _____ Date of Birth _____

Student Phone # _____ E-Mail _____

Name as it Appears on School Record: _____

Type: ___ Official Transcript or ___ Unofficial Transcript

Dear Registrar:

I graduated from ENCSD _____ (year)

I attended ENCSD _____ - _____ (years)

I authorize ENCSD to release my transcript to:

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: _____ FAX: _____

OR

Please mail my requested transcript to me at the above address.

Student's Signature _____ Date _____