Charlotte School of Law
Official Transcript Request Form

Please complete and sign the form, and drop off, mail or fax the form to:
Registrar's Office, 2145 Suttle Avenue Charlotte, North Carolina 28208
Telephone Number: (704) 971-8538
Fax Number: (704) 971-0954

Before the Registrars Office can process your request, please be aware of the following:

- If there is an outstanding balance on your account, the transcript will not be sent until the account is paid in full.

Please Print:

_____
First Name Middle Name Last Name Maiden Name

_____
Social Security # Date of Birth Last Semester & Year Attended

_____
Current address of student

_____
Current student phone number Current student email address

I am requesting _____ transcript/s.
(Number)

Please send transcripts: [ ] To student address above
[ ] **To third party listed below**
[ ] Student will pick up

Only complete the information contained in the box if sending to a third party.

Attention: _____

Institution/School: _____

Street Address: _____

_____

City: _____ State: _____ Zip: _____

Special Instructions: _____

_____

_____

_____ _____
Student Signature Date

(Please be sure all information is complete, correct and that you have signed the form before faxing or mailing)

Transcripts are processed within five (5) business days after the request is received.