

REQUEST FOR OFFICIAL TRANSCRIPT OF RECORD

OFFICE OF THE REGISTRAR CAMPBELL UNIVERSITY

SCHOOL OF OSTEOPATHIC MEDICINE

Post Office Box 4280, 4350 US 421 South, Buies Creek, North Carolina 27506

Please **PRINT** in all Sections
This form will be used for mailing purposes

Please print plainly:

NAME: _____		
Street _____		
City _____	State _____	Zip Code _____

Are you currently enrolled at Campbell University School of Osteopathic Medicine?
Yes ___ No ___

DO Degree _____ MSBS _____

If not, when did you last attend? _____

Date of Graduation: _____

Number of Transcript(s) _____

Student ID: _____

Former Last Name(s): _____

Phone No: _____

INSTRUCTIONS:

_____ SEND transcript(s) immediately
(normal processing time is 5 business days)

_____ HOLD for Fall grades

_____ HOLD for Spring grades

_____ HOLD until degree conferred

Additional Instructions: _____

Student's Signature: _____

REQUIRED for Release

Today's Date: _____

SEND TRANSCRIPT(s) to:

Please Print Plainly

PLEASE NOTE

1. Please use a separate form for each mailing address.
2. Regular Service \$5.00 per copy.
3. The applicant is responsible for any special mailing in excess of first class.
4. Official transcripts will be sent directly to other universities, business organizations, etc. A student may receive an "issued to student" transcript.
5. Student records are confidential and transcripts are issued only on the "WRITTEN" request of the student.
6. Transcripts are prepared in the order in which requests are received.

NOTE: If you transcript request is denied by the business office, this form becomes null and void after ninety days and you will be required to file a new request to obtain a transcript.

NOTE: THIS FORM MAY BE MAILED OR FAXED (910) 893-7253. Transcript Requests may be emailed **ONLY** if full signature is scanned and emailed on the transcript request.

Date Mailed: _____