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**Hampton University Online**

P.O. Box 6162  
HAMPTON, VIRGINIA 23668

**APPLICATION FOR TRANSCRIPT:**

Requests must be made in writing by the student. Because of the confidential nature of a record, transcript by telephone will not be accepted.

All transcripts will be sent as soon as possible unless hold for normal semester grading or degree posting is marked to the right

|  |                            |
|--|----------------------------|
| DATE OF REQUEST                                | NAME AT TIME OF ATTENDANCE |
| FULL NAME(LAST, FIRST, MIDDLE) (PRINT CLEARLY) |                            |
| CURRENT ADDRESS                                | APT. NO.                   |
| CITY   | STATE ZIP CODE             |

**SEND TRANSCRIPT TO:** (GIVE COMPLETE NAME AND ADDRESS AND PRINT CLEARLY:  
THIS IS THE ACTUAL MAILING LABEL)

|                     |
|---------------------|
| NAME                |
| ADDRESS             |
|                     |
| CITY STATE ZIP CODE |

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|--|---|
| HU ID NUMBER   | CURRENTLY ENROLLED<br><input type="checkbox"/> YESS <input type="checkbox"/> NO |
| GIVE DATES OF ATTENDANCE IF NOT CURRENTLY ENROLLED<br>FROM: TO:  |   |
| PLEASE CHECK TYPE OF TRANSCRIPT NEEDED<br><input type="checkbox"/> Undergraduate <input type="checkbox"/> Professional<br><input type="checkbox"/> Graduate <input type="checkbox"/> College of continuing Education _____ |   |

|   |
|---|
| DATE TRANSCRIPTS SHOULD BE SENT<br><input type="checkbox"/> Normal Processing Time (3 Business Days)  |
| FOR HOLD, SUBMIT FORM NO EARLIER THAN TWO WEEKS BEFORE CLOSE OF TERM<br><input type="checkbox"/> Wait for Current Semester Grades<br><input type="checkbox"/> Wait for Currently Completed Degree |

|   |                     |
|---|---------------------|
| CHECK TYPE OF TRANSCRIPT REQUESTED  |                     |
| <input type="checkbox"/> PERSONAL   | NO. OF COPIES _____ |
| <input type="checkbox"/> OFFICAIL   | NO. OF COPIES _____ |
| STUDENT'S SIGNATURE   |                     |
| *ALL TRANSCRIPTS ORDERED ON THIS FORM WILL BE SENT AS SPECIFIED TO THE LEFT |                     |

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|---------------------|-----------|
| FEE DUE \$          | CLERK     |
| AMOUNT PAID \$      | DATE SENT |

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