

# CONFIDENTIAL

CRAVEN COUNTY SCHOOLS

## ACADEMIC TRANSCRIPT REQUEST FORM

Revised 2/9/2011

FOR SCHOOL USE ONLY

Date received: \_\_\_\_\_

School: \_\_\_\_\_

Date mailed: \_\_\_\_\_

Request sent to Student Record Ofc. \_\_\_\_\_

Date \_\_\_\_\_

Requesting a High School Transcript be sent to a college is part of a college's application process not the registration process. It is up to the individual requesting their transcript to allow Craven County Schools sufficient time to process the request. We do our best to fulfill the request within 24 to 48 hours. Receiving schools do not accept a transcript unless it is certified which at this time requires the schools to sign the transcript and stamp the outside of the envelope. Faxed copies can not be certified and therefore are not accepted by the colleges. Please provide the address where you would like the transcript mailed including the addresses of Colleges or arrange with the school to pick-up the transcript. There is a \$2.00 processing fee per copy. We only accept the exact amount of cash, money orders or checks. Make check payable to the High School.

PLEASE PRINT

Public School last attended in Craven County: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ or Year and/or grade of last attendance: \_\_\_\_\_

Name on transcript: \_\_\_\_\_  
First Middle Last

Date of birth: \_\_\_\_\_  
Month Day Year

Purpose of Transcript: Job \_\_\_ ID \_\_\_ College \_\_\_ Personal \_\_\_ Military \_\_\_ # of copies \_\_\_

Current mailing address:

Name: \_\_\_\_\_  
First Middle /Maiden Last

Address: \_\_\_\_\_  
P.O. Box Apt. House Number Street

City State Zip Code

Daytime telephone number: \_\_\_\_\_

Mail transcript to: \_\_\_\_\_  
(list additional addresses on back) \_\_\_\_\_  
\_\_\_\_\_

Signature (Must be person whose name is on the transcript) \_\_\_\_\_ Date \_\_\_\_\_

Signature of School Official \_\_\_\_\_

I.D. Shown \_\_\_\_\_ Fee Paid \_\_\_\_\_ Date \_\_\_\_\_

**NEW BERN HIGH SCHOOL  
COUNSELING DEPARTMENT**

**4200 Academic Drive  
New Bern, NC 28562  
(252) 514-6070**

**Transcript Request Instructions**

• **Complete in full the Academic Transcript Request Form**

(Please Print)

When entering information for – Name on transcript: Print first, middle and last name as it appeared on your school records at the time of graduation/last year attended

• **Provide copy of a picture ID**

• **Pay \$2 processing fee per copy**

Payment may be made with cash, check or money order

Make checks payable to New Bern High School

We do not accept credit or debit card payments

**Mail Academic Transcript Request Form, copy of picture ID & fee to:**

New Bern High School  
Counseling Department  
4200 Academic Drive  
New Bern, NC 28562

*We do our best to process the request within 24 to 48 hours.*