

Watts School of Nursing

Transcript Request – Alumni/Previous Students

Please print and complete a separate form for each transcript request. Each request will be processed within 3 business days of receipt. There is a \$10.00 fee for each transcript request, to be paid by check or money order, **NO CASH**. Please make payable to: Watts School of Nursing.

Mail to:

Watts School of Nursing attn.: Registrar
2828 Croasdaile Drive, Suite 200
Durham, North Carolina 27705

Name: _____
Last First Middle

Address: _____
Street or P.O. Box Number

City State Zip Code

Name when enrolled (if different from above): _____

Social Security Number: _____
XXX-XX-_____
(Last 4 digits only to comply with HIPPA Security/Privacy Regulations)

Date of Birth: _____
Month Day Year

Phone Number: _____ (_____) _____

Email address: _____

Attended:

<u>Graduated</u>	Start Date (Month/Year)	End Date (Month/Year)
<input type="checkbox"/> Diploma RN	_____	_____
<input type="checkbox"/> Anesthesia Program	_____	_____
<input type="checkbox"/> LPN Program	_____	_____
<u>Did Not Graduate</u>	_____	_____

Type of Transcript: Official Unofficial

Mail To: _____
Name

Street or P.O. Box Number

City State Zip Code