



The Office of the Registrar

1200 Murchison Road, Fayetteville, NC 28301 | Lilly Building, Room 300 | 910.672.1185

DOCUMENT REQUEST FORM

- Please return this form to Lilly Building, 3rd Floor or fax to 910.672.1599.
- Request will be processed in 3-5 business days.
- Check all that apply:

Change of Address

Enrollment Verification Request

Official Transcript Request

Record Review Request

Today's Date _____

Banner ID _____

Name: _____

Signature: _____

Names (s) when attended if different: _____

Change of Address

New Address: _____

City: _____ State: _____ Zip: _____

Official Transcript Request (\$5.00 per copy)

Undergraduate Graduate All Levels Number of Copies _____

Mail to: _____

Enrollment Verification Request

Specify for which semester _____ Number of Copies _____

Mail to: _____

Record Review Request

Record to review – please specify (i.e., high school transcript, shot records, college transcript)

