

# TRANSCRIPT REQUEST

**\*\*\*Transcript requests are processed for free and will not be faxed\*\*\***

Choose one of the following transmission methods (use separate form for multiple requests):

- Download, fill out and email transcript request to: apprenticeschool@as.edu
- **Or** print, fill out, scan and email to: apprenticeschool@as.edu
- **Or** mail transcript request to: The Apprentice School  
**Attn: Apprentice School Registrar**  
4101 Washington Avenue, Bldg. 1919  
Newport News, VA 23607
- **Or** fax to: (757) 688-0305 **Attn: Apprentice School Registrar**

**ONE FORM PER REQUEST**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

NNS Per # \_\_\_\_\_ Last four of ssn (if NNS per # unknown): \_\_\_\_\_

**Apprentice Trade:** \_\_\_\_\_ **Year last attended:** \_\_\_\_\_

**Did you graduate?**  No  Yes If so, what year? \_\_\_\_\_

**Curriculum studies:**  Basic  Optional (formerly advanced)

**TRANSCRIPT TO BE PREPARED:**  **Official**  **Unofficial** (If you have NNS LX access you may obtain your unofficial Apprentice School transcript by logging in and click on reports).

**To email transcript** (will not be processed if not completely filled out):

Name of Institution: \_\_\_\_\_

Point of contact name and phone number: \_\_\_\_\_

Point of contact email address to be sent to: \_\_\_\_\_

**To mail transcript to** (must provide complete mailing address):

Name of Institution: \_\_\_\_\_ Attn: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Or, if preferred, have transcript mailed to your personal mailing address:**

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SIGNATURE** (electronic is acceptable): \_\_\_\_\_

**REQUIRED**

Provide contact phone number (required) \_\_\_\_\_

**REQUIRED**