

TRANSCRIPT REQUEST

Name _____
(Print Clearly) Last First MI Student ID Number

I authorize the release of my academic records to the individual named below.

CONTACT INFORMATION

Name _____
Address _____
Telephone _____

SEND TRANSCRIPTS TO (Print Clearly)

Name _____
Street _____
City _____ State _____ Zip _____

Date of Birth _____

Maiden **OR** Other Last Name _____

Year of Last VCU Graduation _____

Dates of Attendance _____

Special Instructions _____

DATE OF REQUEST

Month Day Year

NUMBER OF COPIES (check appropriate boxes and indicate number)

- Official _____
- To be picked up (\$5 per copy)
 To be mailed (\$5 per copy)
 To be express mailed (\$25 per copy)

TYPE OF TRANSCRIPT

- Undergraduate
 Graduate
 Professional

HOLD TRANSCRIPT UNTIL:

- End of fall semester
 End of spring semester
 End of summer semester
 Posting of degree
 End of intersession

STUDENT SIGNATURE _____ DATE _____
(Required for Release of Transcript)

Please Return to the Office of Records and Registration

Monroe Park Campus
1015 Floyd Ave., room 1100
P.O. Box 842520
Richmond, VA 23284-2520

Transcripts are sent via US Postal Service first class mail, express mail or can be picked up by the requester. Only five transcripts can be requested per day. Allow five days for processing. The charge for transcripts is \$5 per copy for first class mail or pick up and \$25 per copy for express mail. Payment should be mailed with your request form as a check or money order payable to VCU. Please do not send cash. When delivering a request in person, please pay the cashier before submitting.

For Records and Registration use only:

Date Sent _____



VCU Division of Strategic Enrollment Management
VIRGINIA COMMONWEALTH UNIVERSITY