

TRANSCRIPT REQUEST

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

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

CONTACT INFORMATION

Name _____

Address _____

Telephone _____

DATE OF REQUEST _____
 Month Day Year

NUMBER OF COPIES (check appropriate boxes and indicate number)

- Official _____
- To be picked up
- To be mailed (complete address box)

SEND TRANSCRIPTS TO (Print Clearly)

Name _____

Street _____

City _____ State _____ Zip _____

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

Date of Birth _____

Maiden OR Other Last Name _____

Year of Last VCU Graduation _____

Dates of Attendance _____

Special Instructions _____

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

MCV Campus
 1000 E. Marshall St., room 323
 P.O. Box 980277
 Richmond, VA 23298-2077

The charge for transcripts is \$5 each. 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. All transcripts are sent via first class mail only. Any other delivery arrangements must be made by and paid for by the student. Only five transcripts can be requested per day. Allow five days for processing.

For Records & Registration use only:

Date Sent _____