Virginia Commonwealth University

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

☐ To be mailed (complete address box)

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

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

Please pay cashier. The charge for transcripts is $5 each. 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 _____

Virginia Commonwealth University
Office of Records & Registration
Division of Student Affairs & Enrollment Services
P.O. Box 842520 • Richmond, VA 23284-2520
www.enrollment.vcu.edu/rar

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