

# TRANSCRIPT REQUEST

NAME \_\_\_\_\_ MI \_\_\_\_\_ Student ID Number \_\_\_\_\_  
 (Print Clearly) Last First

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)

**SENT TRANSCRIPTS TO (Print Clearly)**

Name \_\_\_\_\_

Street \_\_\_\_\_

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

TYPE OF TRANSCRIPT

- Undergraduate  
 Graduate  
 Professional

Date Of Birth \_\_\_\_\_

Maiden OR Other Last Name \_\_\_\_\_

Year Of Last VCU Graduation \_\_\_\_\_

Dates Of Attendance \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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  
 P.O. Box 842520  
 Richmond, VA 23284-2520

MCV Campus  
 P.O. Box 980277  
 Richmond, VA 23298-0277

**Please pay cashier. There is no charge for the first 3 transcripts. All transcripts thereafter will be \$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 5 transcripts can be requested per day. Allow 5 days for processing.**

For Records & Registration use only:

Date Sent \_\_\_\_\_