

# REQUEST FOR TRANSCRIPT



Office of the Registrar  
 Virginia Union University  
 1500 North Lombardy Street  
 Richmond, Virginia 23220

NAME	
NUMBER & STREET / P.O. BOX	
CITY & STATE	ZIP CODE

**PRIVACY ACT:** TRANSCRIPTS CAN BE RELEASED ONLY WITH YOUR WRITTEN PERMISSION. PLEASE SIGN & DATE BELOW.

SIGNATURE <b>X</b>	DATE / /
SOCIAL SECURITY NUMBER	PHONE NUMBER ( )

**Charges:**

There is a non-refundable charge of \$6.00 per copy. Payment must be made by cash, certified check or money order. Normally one can expect a transcript within five to seven business days if payment is made by these methods.

**NOTE:**

Transcripts will not be released for requesters whose financial obligations to the University have not been satisfied nor to requesters whose Federal loans are in default. We regret that transcripts may be delayed during the registration period.

Please print clearly below complete name and address to where transcript will be sent.


CONFIRMATION #	AMT PAID	
DATE OF BIRTH		
DATE OF ATTENDANCE		
ATTENDED PRIOR TO 1980? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	<input type="checkbox"/> Both
DATE(S) OF GRADUATION	DEGREE(S) RECEIVED	
<b>NAMES USED WHILE ENROLLED</b>		
<b>DELIVERY INSTRUCTIONS</b>		
<input type="checkbox"/> SEND NOW <input type="checkbox"/> HOLD FOR CURRENT SEMESTER GRADES <input type="checkbox"/> HOLD UNTIL DEGREE STATEMENT ON RECORD <input type="checkbox"/> WILL PICK UP <input type="checkbox"/> OFFICIAL COPY # OF COPIES REQUESTED _____		
<b>TO BE COMPLETED BY REGISTRAR'S OFFICE STAFF</b>		
AMOUNT REC'D	TRANSCRIPT ISSUED / /	BY
<b>TO BE COMPLETED BY BUSINESS OFFICE STAFF</b>		
AMOUNT REC'D	STUDENT ACCOUNTS	
STUDENT LOANS		
STUDENT LOANS		