



# 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 X	DATE
SOCIAL SECURITY NUMBER	PHONE NUMBER

**CHARGES:**

There is a non-refundable charge of \$6.00 per copy. Payments mailed must be made by certified check or money order. Please allow five to seven business days for processing before pickup or delivery of your transcript(s).

**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 complete name and address to where transcript will be sent.


CONFIRMATION/TRACKING PAYMENT#	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
NAMES USED WHILE ENROLLED	
DELIVERY INSTRUCTIONS	
<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	
# OF COPIES REQUESTED _____	
TO BE COMPLETED BY REGISTRAR'S OFFICE STAFF	
AMOUNT REC'D	TRANSCRIPT ISSUED BY
	/ /
SPECIAL INSTRUCTIONS:	