

OFFICE USE ONLY
Amount Received \$ _____
Receipt# _____

REQUEST FOR TRANSCRIPT

VIRGINIA STATE UNIVERSITY
Office of the Registrar
P.O. Box 9217
Petersburg, Virginia 23806

PROCESSING TIME FOR TRANSCRIPT REQUEST IS WITHIN 5 WORKING DAYS COST OF TRANSCRIPT – FIVE DOLLARS (\$5.00) PER COPY – MONEY ORDERS ONLY

PART I

Name (Last)	(First)	(Middle/Maiden)	Student ID Number
Address (Number and Street/Post Office Box)	City	State	Zip Code
(_____) Telephone Number	Date of Birth		

PART II

Dates of Attendance _____ Graduation Date _____ Type of Degree _____

Undergraduate
 Graduate Only
 Both
 Continuing Education

Other Names Enrolled Under _____

PART II

Address to which transcript will be sent (**Print Clearly**):

<input type="checkbox"/> Will Pick up <input type="checkbox"/> Send Now <input type="checkbox"/> Number of Copies <input type="checkbox"/> Hold for Current Grades <input type="checkbox"/> Hold for Grade Change _____ <div style="text-align: right;">Course Code & Section</div>

Signature _____ Date _____