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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
(_____) Telephone Number		Zip Code	
E-Mail Address		Date of Birth	

PART II

Dates of Attendance _____ Graduation Date _____ Type of Degree _____

Undergraduate
 Graduate Only
 Both
 Continuing Education

Other Names Enrolled Under _____

PART III

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>
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Signature _____ Date _____

NOTE: WHEN PICKING UP YOUR REQUESTED TRANSCRIPT, PLEASE PROVIDE A VALID I.D.

IF SOMEONE ELSE WILL BE PICKING UP YOUR TRANSCRIPT, THEY MUST PROVIDE A VALID I.D. AND HAVE WRITTEN DOCUMENTATION GIVING CONSENT