

# University of Northern Virginia

P.O.Box 1431, Great Falls, VA 22066. Phone: 571-234-2442

## Official Transcript Request Form

**1. INFORMATION:** 1) Your signature is required per federal regulations to release your transcript. 2) Incomplete forms will not be processed. 3) You must pay for transcripts before requests are processed; personal check, money order 4) All charges are nonrefundable. 5) Transcript requests will not be processed for students with financial obligations to the University. 6) The Registrar's Office does not provide confirmation of receipt of transcript requests; it is your responsibility to call our office for confirmation of receipt 24 hours after you fax in your requests. 7) Do not mail AND fax, or repeatedly submit the same transcript request; requests will be duplicated; all charges are your responsibility. 8) Transcripts show coursework taken at UNVA only, credits transferred from other institutions will be listed as the total hours accepted along with the name of the institution; request other institutional transcripts from those institutions. 9) If choosing to pick up transcript in person, you must indicate it clearly on the form that you are picking up transcript personally. 10) A photo ID is required to pick up transcripts in person; certified written authorization is required to release transcripts to another person; those picking up your transcript must have a photo ID. 11) If requesting transcript to be mailed to you, you must fill out your mailing address clearly on the form. Transcript will be sealed in envelope mailed to you. DO NOT open the envelope by yourself; the official status of the transcript will be voided if you do so. 12) If sending to multiple destinations, use a plain sheet of paper for additional addresses by following the address format on the form. 13) Changes to type of service, or the destination address must be made in writing by the person requesting the transcript. 14) It is the responsibility of the student to confirm receipt of transcript at destination. Replacement transcripts will not be provided after six months from processing date. 15) No over-night express mailing requests will be honored as of now. In case of emergency, please apply in person at the Registrar's Office.

**SIGN HERE: Required prior to processing: X** \_\_\_\_\_

My signature authorizes UNVA to release my transcript to the recipient(s) indicated on the bottom of this form. Additionally, I understand the statements and disclaimers on this form and how these relate to my transcript request(s), processing procedures, and billing policies.

**2. Student Name(s), Billing Address and Identifying Information:** Please print legibly

Student LAST Name	FIRST Name	Middle Name or Initial	Student ID Number
Other Legal Names Used (Birth name, married names, etc.)		Cell/Telephone Number	
Current/Billing Street Address		Current E-mail	
City	State	Zip	

**3. Type of Service:** Please check the appropriate box and indicate the # of copies

TYPE 1: REGULAR PROCESSING: (Allow 7 business days) \$15.00 per copy X  = \$ \_\_\_\_\_

TYPE 2: EXPRESS PROCESSING: (48 Hours) \$25.00 per copy X  = \$ \_\_\_\_\_

Pick-Up in person

Mail \_\_\_\_\_ # of **Transcript(s)** to my address above.

Mail \_\_\_\_\_ # of **Transcript(s)** to: \_\_\_\_\_

Send to (Person, Company Name, or Institution) Attention of \_\_\_\_\_

Street Address \_\_\_\_\_

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

Check if requesting additional transcripts to additional destinations. (use a plain sheet of paper for additional addresses)

Payment Received by: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_