OFFICIAL TRANSCRIPT REQUEST TRANSCRIPTS ARE NOT RELEASED WHEN THERE IS AN INDEBTEDNESS TO THE UNIVERSITY

The University of Vermor OFFICE OF THE REGISTRAR 360 WATERMAN BUILDING SS S. PROSPECT STREET BULLINGTON VI OSAGS  STUDENT ID OF SSN  STUDENT ID OF SSN  STUDENT ID OF SSN  STUDENT ID OF SSN  I attended UVM from to	NAME	
SIGNATURE (REQUIRED BY LAW)  CONTACT INFORMATION  STREET ADDRESS  APTSUITE  CITY AND STATE COUNTRY  TELEPHONE NUMBER  EMAIL ADDRESS  TRANSCRIPT DESTINATION (check any that apply)  I will pick-uptranscript(s) at the address listed above.*    Mail metranscript directly to me at the email address listed above.   Email my transcript directly to a third party at the email address(es) listed below.    Email my transcript directly to a third party at the email address(es) listed below.    NAME   COMPANY	CURRENT (LAST, FIRST M.I.)	OFFICE OF THE REGISTRAR 360 WATERMAN BUILDING 85 S. PROSPECT STREET
CONTACT INFORMATION   CONTACT INFORMATION   Tattended UVM from	FORMER NAME(S) (IF APPLICABLE)	STUDENT ID or SSN
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TELEPHONE NUMBER  EMAIL ADDRESS    Please list any additional years you were enrolled in courses at UVM:   Were you enrolled in the College of Medicine?   Yes	STREET ADDRESS AP	DT/CLUTE
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SERVICE AND PAYMENT  > If you require SAME day service there is a \$10.00 fee per transcript. We accept cash, checks, and money orders.		
*Transcripts will be mailed via regular U.S. Postal Service. If you request special mailing you will need to provide shipping label(s).  FOR OFFICE USE ONLY – PAYMENT TYPE:CASHCHECKMONEY ORDER		