

# OFFICIAL TRANSCRIPT REQUEST

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

NAME
<p>_____</p> <p><b>CURRENT (LAST, FIRST M.I.)</b></p>
<p>_____</p> <p><b>FORMER NAME(S)</b> (IF APPLICABLE)</p>
<p><b>X</b></p> <p>_____</p> <p><b>SIGNATURE (REQUIRED BY LAW)</b></p>



## The University of Vermont

OFFICE OF THE REGISTRAR  
360 WATERMAN BUILDING  
85 S. PROSPECT STREET  
BURLINGTON VT 05405

STUDENT ID or SSN									

DATE OF BIRTH
_____ / _____ / _____

CONTACT INFORMATION	
_____ STREET ADDRESS	_____ APT/SUITE
_____ CITY AND STATE /COUNTRY	_____ ZIP CODE
_____ TELEPHONE NUMBER	_____ EMAIL ADDRESS

ENROLLMENT
I attended UVM from _____ to _____
Please list any additional years you were enrolled in courses at UVM: _____
Were you enrolled in the College of Medicine? <input type="checkbox"/> Yes

**TRANSCRIPT DESTINATION (check any that apply)**

- I will pick-up \_\_\_\_\_ transcript(s). Transcripts should be ready by the next business day after 12:00PM.
- Mail me \_\_\_\_\_ transcript(s) at the address listed above.\*
- Mail \_\_\_\_\_ transcript(s) directly to the address(es) listed below.\*
- Email my transcript directly to me at the email address listed above.
- Email my transcript directly to a third party at the email address(es) listed below.



_____	
NAME	
_____	
COMPANY	
_____	_____
STREET ADDRESS	DEPT./FLR.
_____	_____
CITY AND STATE /COUNTRY	ZIP CODE
_____	
EMAIL (IF TRANSCRIPTS SHOULD ALSO BE EMAILED)	
Number of copies to this address: _____	
<input type="checkbox"/> RUSH service requested (same day processing)	

_____	
NAME	
_____	
COMPANY	
_____	_____
STREET ADDRESS	DEPT./FLR.
_____	_____
CITY AND STATE /COUNTRY	ZIP CODE
_____	
EMAIL (IF TRANSCRIPTS SHOULD ALSO BE EMAILED)	
Number of copies to this address: _____	
<input type="checkbox"/> RUSH service requested (same day processing)	

For additional addresses please include a supplemental page.

**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:  CASH  CHECK  MONEY ORDER