

OFFICIAL TRANSCRIPT REQUEST

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



The University of Vermont

OFFICE OF THE REGISTRAR
 360 WATERMAN BUILDING
 85 S. PROSPECT STREET
 BURLINGTON VT 05405
 (PH) 802-656-2045 (F) 802-656-8230
 registrar@uvm.edu

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

STUDENT ID or SSN										
			-			-				

CONTACT INFORMATION	
<p>STREET ADDRESS _____ APT/SUITE _____</p> <p>CITY AND STATE /COUNTRY _____ ZIP CODE _____</p> <p>TELEPHONE NUMBER _____</p> <p>EMAIL ADDRESS _____</p>	<input type="checkbox"/> Make this my permanent address

DATE OF BIRTH
_____ / _____ / _____

ENROLLMENT
I attended from _____ to _____ Please list any additional years you were enrolled in courses at UVM:

Were you enrolled in the University of Vermont Medical College? <ul style="list-style-type: none"> <input type="checkbox"/> Yes -Prior to Fall 1999 <input type="checkbox"/> Yes - After Fall 1999 <input type="checkbox"/> No – Never Enrolled

PROCESS MY REQUEST:
<input type="checkbox"/> At once <input type="checkbox"/> After final grades are posted for current semester <input type="checkbox"/> After degree is recorded <input type="checkbox"/> After teacher licensing recommendation is received <input type="checkbox"/> After grade (or incomplete) changes are made on the course(s): _____

TRANSCRIPT DESTINATION	
<input type="checkbox"/> Pick-up _____ Transcript(s). You will be contacted at the phone number above when they are ready. <input type="checkbox"/> Sign & Seal	
<input type="checkbox"/> Send _____ Transcript(s) to me at above address for my own personal records. <input type="checkbox"/> Sign & Seal	
<input type="checkbox"/> Send _____ Transcript(s) to me at above address. I will send them on to a third party (e.g. Alternate College, Prospective Employer, Licensing Board etc.) Transcripts will arrive in sealed envelopes stamped issued to student.	
<input type="checkbox"/> Send Transcript(s) directly to third party at address(es) listed below.	

LIMIT 10 PER REQUEST

NAME _____

COMPANY _____

STREET ADDRESS _____ DEPT./FLR. _____

CITY AND STATE /COUNTRY _____ ZIP CODE _____

FAX (IF TRANSCRIPTS SHOULD ALSO BE FAXED) _____

Number of copies to this address: _____

NAME _____

COMPANY _____

STREET ADDRESS _____ DEPT./FLR. _____

CITY AND STATE /COUNTRY _____ ZIP CODE _____

FAX (IF TRANSCRIPTS SHOULD ALSO BE FAXED) _____

Number of copies to this address: _____

For additional addresses please include a supplemental page.

SERVICE AND PAYMENT	
<input type="checkbox"/> REGULAR (no charge) Ready to be picked up or mailed (via regular mail) within 5 business days. <input type="checkbox"/> RUSH (\$5.00 flat fee) Ready to be picked up or mailed (via regular mail) the following business day.	PAID <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> MO FOR OFFICE USE ONLY
➤ The RUSH service fee cannot be paid by credit card. Cash, check, or money order are accepted. ➤ The maximum fee charged for RUSH service is \$5.00 regardless of the number of transcripts requested. ➤ Your faxed or scanned RUSH request will be mailed within 24 hours. You will be billed the fee for this service.	
<p><u>IF YOU DO NOT SPECIFY A TYPE OF SERVICE YOUR REQUEST WILL BE CONSIDERED RUSH AND YOU WILL BE BILLED.</u></p>	