

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

| 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>_____</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? <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. | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">NAME</td></tr> <tr><td style="border-bottom: 1px solid black;">COMPANY</td></tr> <tr><td style="border-bottom: 1px solid black;">STREET ADDRESS _____ DEPT./FLR. _____</td></tr> <tr><td style="border-bottom: 1px solid black;">CITY AND STATE /COUNTRY _____ ZIP CODE _____</td></tr> <tr><td style="border-bottom: 1px solid black;">FAX (IF TRANSCRIPTS SHOULD ALSO BE FAXED)</td></tr> <tr><td style="border-bottom: 1px solid black;">Number of copies to this address: _____</td></tr> </table> | 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: _____ | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">NAME</td></tr> <tr><td style="border-bottom: 1px solid black;">COMPANY</td></tr> <tr><td style="border-bottom: 1px solid black;">STREET ADDRESS _____ DEPT./FLR. _____</td></tr> <tr><td style="border-bottom: 1px solid black;">CITY AND STATE /COUNTRY _____ ZIP CODE _____</td></tr> <tr><td style="border-bottom: 1px solid black;">FAX (IF TRANSCRIPTS SHOULD ALSO BE FAXED)</td></tr> <tr><td style="border-bottom: 1px solid black;">Number of copies to this address: _____</td></tr> </table> | 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: _____ |
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| For additional addresses please include a supplemental page. | | | | | | | | | | | | | |

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|--|--|
| <input type="checkbox"/> REGULAR (no charge) Mailed within 5 business days via regular mail. | PAID <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> MO FOR OFFICE USE ONLY |
| <input type="checkbox"/> RUSH (\$5.00 flat fee) Mailed the following business day via regular mail. | |
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