School of Education
Transcript Request Form

- **Regent University Applicants:** Complete this form and submit to Charles Hanley at (fax) 757-352-4147 or chanley@regent.edu.
- **University/College Registrars Office:** Please process this request within one (1) week. If any difficulties in processing are encountered, please contact the Regent University Admissions Office at 757-352-4847. Please send one (1) Official Academic Transcript to: ***Regent University***
  Attn: Central Enrollment
  1000 Regent University Drive
  Virginia Beach, VA 23464-9800

APPLICANT INFORMATION

_____ _____ _____ _____
Name: Last First Middle Maiden

_____ _____ _____ _____
Current Address City State Zip

____/___/_____ _____-_____-_____ _____-____-_____ _____
Date of Birth Social Security Number Phone Email

COLLEGE/UNIVERSITY ATTENDED

College/University Attended	College/University Address	Campus Attended	Years Attended	Degree Awarded (If you have not graduated yet, write "current student" and your anticipated graduation date)

STUDENT CONSENT

As an applicant to Regent University, I authorize the above listed institutions to release my academic records to Regent University.

_____ _____
Signature Date

*Be advised that you must submit an application and pay the application fee in order to take advantage of this offer.