



Undergraduate Program Transcript Request Form

Dear Applicant,

Regent University is excited to offer you the free service of requesting your transcripts on your behalf. Please follow the guidelines below in order to help us request your transcripts for you. If you have any questions please feel free to call Amanda Hogue, Transcript Coordinator at (757) 352-4428 or toll-free at (888) 718-1222.

Directions:

1. Print out the Transcript Request Form (one form for each institution)
2. Fill out the form(s) completely
3. Sign the form(s)
4. Return the form(s) to the Office of Undergraduate Admissions through one of the following three options:

OPTION 1: SCAN & EMAIL

transcripts@regent.edu

Use your Smart Phone to scan with the [Genius Scan App](#)- follow link for directions

OPTION 2: FAX

757-352-4509

OPTION 3: MAIL

Regent University
Attn: Undergraduate Admissions
1000 Regent University Drive
Virginia Beach, VA 23464-9800

5. Regent will forward each form to the institution listed and pay for any required transcript fees*



*Regent University is not able to request a transcript(s) with the following conditions:

- School will not accept credit card payment for transcripts
- Applicant has a balance due at a previous college
- Transcript is from a school not recognized by the U.S. Dept of Education
- Transcript is from a school that no longer exists
- International Transcripts
- Home school Transcripts
- High School Transcripts
- SAT/ACT/GED scores



Office Use Only: Banner #: _____ Term: _____ Request Date: _____ _____
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**Undergraduate Program
Transcript Request Form**

- If any difficulties in processing are encountered, please contact the Regent University Admissions Office at (888) 718-1222 or Amanda Hogue, Transcript Coordinator at (757) 352-4428
- Please send one (1) Official Academic Transcript to:
Fax: 757-352-4509 & Email: transcripts@regent.edu

Regent University
Attn: Enrollment Support Services
1000 Regent University Drive
Virginia Beach, VA 23464-9800

APPLICANT INFORMATION

_____	_____	_____	_____
Last	Maiden	Middle	First
_____		_____	_____
Current Address		City	State Zip
_____	_____	_____	_____
Social Security Number or Student ID	Date of Birth	Phone Number	Email Address

COLLEGE/UNIVERSITY ATTENDED

_____		_____	
Name of Institution		Campus	

Street			

_____	_____	_____	_____
City	State	Zip Code	Country
_____		_____	
Phone		Office Fax (if known)	

Dates Attended: (from) _____ / _____ / (to) _____ / _____			
_____	_____	_____	_____
Month	Year	Month	Year
_____			_____
			Degree awarded (if any)

STUDENT CONSENT

As an applicant to Regent University, I authorize you to release my academic records.

_____	_____
Signature	Date

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