

REGENT UNIVERSITY TRANSCRIPT REQUEST FORM

Please complete this request by legibly printing in the appropriate spaces.

Mail form to: Regent University, Registrar's Office, 1000 Regent University Drive, Virginia Beach, VA 23464
OR Fax to: (757) 352-4033.

Transcript fee: \$5.00 each

Transcripts will only be issued if all financial obligations to the university have been satisfied. Do not include your credit card number on this form. Make all credit card payments at the RU Business Office.

I hereby authorize Regent University to release my academic transcript to the name and address or fax number at the bottom of this form:

Requestor's Signature (required) _____

Birthdate _____ **SSN** _____ - _____ - _____ **(required)**

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

____ Please update my address in the Regent University system using the above information

Purpose of request: _____

- If currently enrolled, hold this request until the end of the current term
- Hold this request until degree is posted

Optional expedited services (request must be received before 2:00 pm for these services):

- Same Day (additional \$5.00)
- Overnight (additional \$20.00)
- Priority US Mail (additional \$10.00)

Total number of copies to be sent: _____ (Transcripts are \$5 each.)

MAIL TRANSCRIPT TO:

Name _____

Address _____ City _____

State _____ Zip _____ Phone Number of Recipient _____
(required if sending overnight or priority)

Office Use Only: Paid \$ _____ by (ck/cash/online): _____

Transcript was sent:: Date: _____ Staff Initials: _____

Not Sent : Owes \$ _____ H/B: _____ Date Contacted : _____

Notes: _____