

# REQUEST FOR OFFICIAL TRANSCRIPT

Date: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Name used when attending the institution listed above:

\_\_\_\_\_   
Last First Middle

Date of Birth: \_\_\_\_\_ Social Security # or Student #: \_\_\_\_\_

Number of official copies requested: \_\_\_\_\_

Please mail the transcript(s) to:

**University of Richmond  
School of Continuing Studies  
ATTN: Dean  
University of Richmond, VA 23173  
(804) 289-8133**

A check for \$ \_\_\_\_\_ is enclosed to cover transcript fees.

\_\_\_\_\_  
Student's Signature

*Please duplicate as needed.*