



## Official Transcript Order Form

**Please allow 3-5 business days for processing from the time we receive the form in our office.** This includes overnight and priority mail requests. If paying by check make payable to Southern Virginia University. For questions, contact the Registrar's Office at (540) 261-4343. WE DO NOT FAX TRANSCRIPTS.

<p style="text-align: center;"><b>Fees:</b></p> <p style="text-align: center;">Transcripts: \$5.00 per copy          SVU Graduates: First 10 transcripts free          Regular Mail: Included with transcript fee          Priority Mail: Additional \$5.00 (per address)          Overnight Mail (UPS): Additional \$30.00 (per address)          Please attach any extra addresses needed beyond spaces given</p>	<p style="text-align: center;"><b>Please Send All Transcript Requests to:</b></p> <p style="text-align: center;">Southern Virginia University          Office of the Registrar          One University Hill Drive          Buena Vista, VA 24416          Fax: (540) 261-4245          Email: registrar@svu.edu</p>
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**Date of Request:** \_\_\_\_\_

Southern Virginia University      SVU ID#: \_\_\_\_\_ (if known)      SVU Graduate:  Yes     No  
 Southern Seminary College      Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_

<p><b>Choose One:</b></p> <p><input type="checkbox"/> Mail immediately  <input type="checkbox"/> Mail after current grades are available  <input type="checkbox"/> Mail after degree is posted  <input type="checkbox"/> Will pick up on: (Date) _____ (Time) _____</p>	<p><b>Please Indicate Reason for Request:</b></p> <p><input type="checkbox"/> Employment                      <input type="checkbox"/> Transfer  <input type="checkbox"/> Graduate School                  <input type="checkbox"/> Travel Study  <input type="checkbox"/> Insurance                            <input type="checkbox"/> Other: _____  <input type="checkbox"/> Scholarship</p>
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<b>Current Name (Last, First, Middle):</b> _____	<b>Name(s) Used While Attending:</b> _____	<b>SSN (Required):</b> _____
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<b>City:</b> _____	<b>State:</b> _____	<b>Zip Code:</b> _____	<b>Phone:</b> _____
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<b>Please provide e-mail address for transcript transmission notification:</b> _____	<b>Date of Birth:</b> _____
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**STUDENT SIGNATURE (REQUIRED):** I understand my transcripts will NOT be released if there are any outstanding balances owed to SVU

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