

VINCENNES UNIVERSITY

Transcript Request Form

**Under normal circumstances, transcript requests are processed within two business days.

Please print clearly or type.

Name (Last, First, Middle) _____

Other names you have attended under _____

Student ID Number _____ or Birth Date ____/____/____

In the event that we need to contact you regarding this request:

Current Address _____

Email Address _____

Student's Phone Number _____

Did you attend Vincennes University prior to 1985? Yes No

Are you presently enrolled at Vincennes University? Yes No

If not presently enrolled, date of last attendance _____

Please print, in the Release transcript to box*, the name and address of the person or place to whom the transcript is to be released. *Submit a separate release for each address to which you are sending copies.* For more than one copy to the same address, fill out only one form.

I would like my transcript (check one)

_____ **Mail now.**

_____ **Mail after final grades are posted this semester.**

_____ **Mail after my degree has been posted.**

_____ **Fax an Unofficial Transcript to the fax number and contact listed below.**

Number of copies to be sent _____

P
R
I
N
T

***Release transcript to:**

City _____ State _____ Zip _____

Country _____

Signature of student: _____ **Date:** _____

The Family Education Rights and Privacy Act of 1974 prohibits the release of information pertaining to the academic records of the student without the written and signed consent of the student. By signing this form the student is giving consent to Vincennes University to release a transcript.

How to submit your request:

Fax: 812-888-4380

Email: records@vinu.edu

Mail: Vincennes University

Registrar's Office

1002 North First Street

Vincennes, IN 47591

Transcripts released to the student will be stamped "issued to student" and are considered Unofficial.
Official Transcripts are *only mailed directly* to Colleges, Agencies or Employers.