

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 Registrars Office at (540) 261-8408. WE DO NOT FAX TRANSCRIPTS.

FEES:

Current Students: \$5.00 per copy

Southern Virginia Graduates: First 5 transcripts free: \$5.00 per copy Former Southern Virginia/Southern Seminary Students: \$15 per copy

Regular Mail: Included with transcript fee

Priority Mail: Additional \$7.95 Overnight Mail: Additional \$45

PLEASE SEND TRANSCRIPT REQUEST TO:

Southern Virginia University Office of the Registrar One University Hill Drive Buena Vista, VA 24416 Fax: (540) 266-3554

Current Name (Last, First, Middle):			Name(s) used while attending:		
City:	State:	Zip:	Phone:	Email:	
Date of Request:			Date of Birth:		
☐ Southern Virginia Univ☐ Southern Seminary CoChoose One:	•	ID#:		to	
Choose One: ☐ Mail Immediately ☐ Mail after current grac ☐ Mail after degree is po ☐ Will pick up on:			Reason for Request: Employment Graduate School Insurance Scholarship	☐ Transfer☐ Travel Study☐ Other:	
PLEASE MAIL MY TR Address 1:	ANSCRIPTS T	Number of copies: _ For multiple copies, ple Sealed in separa	ease check below: ate envelopes	Regular Mail Priority Mail (Additional \$9.00) Overnight (Additional \$60*)	
Address 2: Number of copic For multiple copic Sealed in se		Number of copies: For multiple copies, ple Sealed in separa All in one envelo	ease check below: [ate envelopes [*may vary depending on location. Regular Mail Priority Mail (Additional \$9.00) Overnight (Additional \$60*) *may vary depending on location.	
Address 3: Number of copies: For multiple copies, pi Sealed in separ All in one envel			ate envelopes	Regular Mail Priority Mail (Additional \$9.00) Overnight (Additional \$60*) *may vary depending on location.	
Student Signature (Require understand my transcripts v		there are any outstanding	g balances owed to Southern Vii	rginia:	
Visa/Mastercard/Discove	er#		OFFICE USE ONLY	Date received:	
Expiration Date: So	ecurity Code:	Total Amount:	Date Sent/Picked Up:	Email Notification:	
Cardholder's Signature:			Amount Paid/Payment	t Type: Initials:	