

VINCENNES UNIVERSITY

Transcript Request Form

Please print clearly or type.

Name (Last, First, Middle) _____

Other names you have attended under _____

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

Current 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)

_____ Sent now.

_____ Sent after final grades are posted this semester.

_____ Sent after my degree has been posted.

_____ Sent by fax 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.

This request can be faxed to **812-888-4380** or mailed to:

**Vincennes University
Registrar's Office
1002 North First Street
Vincennes, IN 47591**

Transcripts released directly to the student will be stamped "issued to student".