

Saint Paul's College
Office of Registration & Records
Lawrenceville, Virginia 23868
434-848-1800

TRANSCRIPT RELEASE FORM

The College will not issue an official or unofficial transcript to any former or current student who has a delinquent account.

Please print the name and current address of person requesting the transcript.

Name: _____ ID#: _____
 Last First (Middle/Maiden)

Street or Route: _____ City, State & Zip: _____

Phone: _____

PRIVACY ACT: Transcripts can only be released with your written permission. Please sign and date. Failure to sign will prevent the release of this transcript.

_____	_____
Signature	Date

Date of Birth: _____ SS# _____
 M/D/Y

Dates of Attendance: _____ Graduation Date: _____ Major: _____

Is this your first request? **(Your first request for an official transcript is free.)**
 Yes No

I am requesting:	Official Transcripts	Qty. _____ X \$5.00 = _____
	Unofficial Transcripts	_____
	Total	_____

Payment must be submitted at the time of the request.
Personal Checks are not accepted for transcript orders.

DELIVERY INSTRUCTIONS

- Please Mail as soon as possible
- Hold for Current Semester Grades
- Will Pick Up
- Hold for Grade Change

Address to which Transcript Will Be Mailed

TO BE COMPLETED BY BUSINESS OFFICE

Amount Received \$ _____ Receipt # _____ Financially Cleared _____

TO BE COMPLETED BY REGISTRAR'S OFFICE STAFF

Date Request Received: _____ Date Processed/ Mailed: _____