



University of Lynchburg

TRANSCRIPT REQUEST FORM

- Complete and sign this form and return with check to the Office of the Registrar.
- The transcript fee is \$5.00 per copy.
- For expedited service via US Postal Service in the U.S., there is an additional \$25 fee.
- All financial obligations (holds) to the University must be cleared before transcripts will be furnished.
- Allow up to FIVE working days for processing.

Last Name _____ First Name _____ Middle Name _____ Suffix _____

Former Name _____ Birth Date _____ Last 4 #'s of SS Number _____

Current Address _____ City _____ State _____ Zip _____

Daytime Phone or Cell Number _____ Email _____

RECORDS TO BE SENT: Undergraduate Graduate Both

When would you like your transcript to be sent:

- Now
- After this term's grades are added to transcript
- After posting of degree
- After grade change in _____

Send ____ Copy to the place & address below:

Send ____ Copy to the place & address below:

I hereby authorize the release of an official copy of my academic record to the above listed person(s) or institution(s).

Signature _____ Date _____

University of Lynchburg
Office of the Registrar
1501 Lakeside Drive, Lynchburg, VA 24501
PHONE (434) 544-8218
FAX (434) 544-8220
EMAIL: Registrar@lynchburg.edu

For Office Use Only:
CHECK _____ CASH _____
Date: PAID _____ SENT _____

Payment is expected by check written to University of Lynchburg. NOTE: If you wish to pay by credit card, you must visit the National Student Clearinghouse to request your transcript. Website is <https://secure.studentclearinghouse.org/tsorder/schoolwelcome?ficecode=00372000> (search for University of Lynchburg, not Lynchburg College)