



Transcript Request Form

Please print legibly.

Name at time of enrollment: _____
Last First Middle Suffix

Current name (if different from above): _____
Last First Middle Suffix

Date of birth (required): _____

Last year of enrollment: _____ Vanderbilt school: _____

Current address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

By federal law, your legal, hand-written signature is required to authorize the release of your transcript.
Hand-writing style fonts or digital signatures will not meet this requirement.

Please use a separate form for each recipient.

Destination type: _____ Self _____ Agency _____ Regulatory Board
_____ Human Resources _____ College/University _____ Scholastic Agency

Delivery method:

____ Secure Electronic Delivery*: Name/Agency: _____
*Available to students entering
Vanderbilt from 1979 to present
(1 copy per request) Email Address: _____

____ Postal Mail (# of copies _____) Recipient: _____
Address 1: _____
Address 2: _____
City/State/Zip: _____

____ Pick Up: 110 21st Avenue South, Suite 110 (# of copies _____)

Submit completed form to the **Office of the University Registrar**, 110 21st Avenue South, Suite 110.
Mail: PMB 407701, Nashville, TN 37240 Fax: 615-343-5035 Email: transcripts@vanderbilt.edu

Questions? Please call 615-322-1800.

*Secure electronic delivery is an official Vanderbilt University transcript delivered electronically over a secure network to the email address you designate as the recipient.