



OFFICE OF THE  
**University Registrar**

**Transcript Request Form**

Questions, please call 615-322-1800.

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Suffix

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name at enrollment if different from above: \_\_\_\_\_

Last year of enrollment: \_\_\_\_\_ Vanderbilt school: \_\_\_\_\_

Student's address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

 **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**(Signature cannot be typed and must be hand-written)**

**We are required by federal law to obtain your legal signature to authorize the release of your transcript.** All transcripts are mailed in separate, sealed envelopes with the Registrar's signature. Transcripts will not be issued to students with financial holds.

**Number of copies:** \_\_\_\_

**Please mail transcript to the address below which will be used as the address label.**

Name or Agency: \_\_\_\_\_

Street Address Line 1: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_

Street Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Or, I will pick up transcript at 110 21st Ave S, Baker Bldg. Suite 110** Yes \_\_\_\_ No \_\_\_\_

**Please fax to: 615-343-5035.**

**Vanderbilt University  
Office of the University Registrar  
PMB 407701  
110 21st Avenue South, Suite 110  
Nashville TN 37240-7701**