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: _____

Current 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 _____

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