OFFICE OF THE
University Registrar

Transcript Request Form

Please print legibly.

_____

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.*****
By federal law, your legal signature is required to authorize the release of your transcript.

Number of copies: _____

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_____**College/University** _____**Scholastic Agency**

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City:_____State:_____ Zip:_____Country: _____

Email address (for secure electronic delivery* only): _____

Questions? Please call 615-322-1800.

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

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