Office of the University Registrar, Vanderbilt University, PMB 407701, Nashville TN 37240-7701 **FAX: 615-343-5035**

Please type or print clearly and complete all sections:

Student ID (or last 4 digits of SSN) _____ Date of Birth _____

_____

Last Name First Name Middle Name

Maiden Name _____

Name at enrollment if different from above: _____

If not currently enrolled the last semester and year that you were enrolled _____

Vanderbilt School _____

Your Address:

_____

_____

Your Phone _____ Your E-mail _____

Enter transcript request below:

Number of copies requested for this order _____

Send by: ____Mail or ____Will Pick Up at 110 21st Avenue South (Baker Building)

Name of Recipient: _____

Address:

_____

_____

_____

_____

_____

Signature _____ **Date** _____

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.