



OFFICE OF THE
University Registrar

Transcript Request Form

Last Name First Name Middle Name

Maiden Name: _____ Date of Birth: _____

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 _____

Number of copies requested for this order _____

Send by: ____ Mail or ____ Will Pick Up at 110 21st Avenue South (Baker Bldg., Suite 110)

Name of Recipient or Agency: _____

Address: _____

 **Signature** _____ **Date** _____

(Signature cannot be typed)

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.

To expedite, please fax to: 615-343-5035

Or send by mail to:

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

Questions, please call: 615-322-7701