



**Transcript Request Form**

**Please print legibly.**

Name at time of enrollment: \_\_\_\_\_  
Last First Middle Suffix

Current name (if different from above): \_\_\_\_\_  
Last First Middle Suffix

Date of birth (required): \_\_\_\_\_

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

Current address: \_\_\_\_\_  
\_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By federal law, your legal, hand-written signature is required to authorize the release of your transcript.  
Hand-writing style fonts or digital signatures will not meet this requirement.

\*\*\*Please use a separate form for each recipient.\*\*\*

Destination type: \_\_\_\_\_ Self \_\_\_\_\_ Agency \_\_\_\_\_ Regulatory Board  
\_\_\_\_\_ Human Resources \_\_\_\_\_ College/University \_\_\_\_\_ Scholastic Agency

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\_\_\_\_ Pick Up: 110 21<sup>st</sup> Avenue South, Suite 110 (# of copies \_\_\_\_\_)

Submit completed form to the **Office of the University Registrar**, 110 21<sup>st</sup> Avenue South, Suite 110.  
Mail: PMB 407701, Nashville, TN 37240 Fax: 615-343-5035 Email: transcripts@vanderbilt.edu

**Questions? Please call 615-343-8221.**

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