

Transcript Request Form

Address: 1 College Avenue, Attn: Registrar's Office, Wise, VA 24293

Phone: (276) 328-0117

Website: www.uvawise.edu

Standard Transcript Processing Fee is \$10.00 per copy

Student Information:

Today's Date: _____ Student ID# (SSN): _____

First Name: _____ Mid. Ini: _____ Last Name: _____

Other names while attending college: _____

Home Address: _____

E-mail Address: _____ Telephone: _____

Are you currently attending UVA-Wise? _____ Last Session Attended: _____

Total # of copies requested: _____ Official _____

Services Requested: Requests are processed in the order in which they are received. Normal processing time is 2-4 business days. Processing time increases during registration, graduation, and final grade posting.

Transcript Processing: PROCESS NOW HOLD FOR CURRENT SEMESTER GRADES HOLD FOR DEGREE POSTING

- I will pick-up my transcript
- I designate the following person to pick up my transcript: _____
- I authorize UVA-Wise to release my official transcripts to the address(es) below:

Mailing Address (1): (Name & complete mailing address to send transcript. Add additional addresses on back)

Obligations: It is the student's responsibility to insure that all obligations with the College have been satisfied before submitting a transcript request to the Registrar's Office. A transcript will not be prepared if the student has an outstanding obligation or owes a financial debt.

Authorization: If the student wishes for someone other than himself/herself to acquire a copy of their transcript, then the designated party must be named in the field above, or have a signed letter from the student authorizing that person to pick-up the transcript.

Please Note:

1. Transcripts are mailed via U.S. Postal Service, or can be pick-up by the student (or designated party).
2. If this is your first semester attending UVA-Wise, a transcript will not be available until after final grades for your first semester are posted.
3. We do not have the authority to release transcripts on file from institutions other than UVA-Wise.

SIGNATURE (REQUIRED) _____ **DATE:** _____