



# OFFICIAL TRANSCRIPT REQUEST FORM

\*\*\*Please allow up to 5 business days processing time.\*\*\*

Transcripts also may be ordered online at the University of Richmond Parchment website. Students/Alumni receive up to 80 free transcripts.\* Financial obligations (holds) to the University must be cleared before requests can be honored. Only UR transcripts may be requested or released. Outgoing transcripts may not be faxed.

PLEASE TYPE DIRECTLY ONTO THE FORM HERE or PRINT CLEARLY. Press the 'Tab' key to move to the next field.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Name used at UR if changed \_\_\_\_\_  
 Address \_\_\_\_\_ Student UR ID Number (current students MUST use their UR ID) or last 4 digits of SSN \_\_\_\_\_  
 City \_\_\_\_\_ ST or Country (abbreviate) Zip Code \_\_\_\_\_ Date of Birth (MM/DD/YYYY format) \_\_\_\_\_  
 Daytime Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
 \_\_\_\_\_ Use this address information to update my permanent records \_\_\_\_\_ Not a Current Student Last Attended UR \_\_\_\_\_  
 \_\_\_\_\_ Current Student School \_\_\_\_\_ Law \_\_\_\_\_ Other Degree Received (degree/date format) if applicable: \_\_\_\_\_

PLEASE HOLD REQUEST UNTIL GRADES ARE RECEIVED FOR (OPTIONAL)  Fall  Spring  Summer \_\_\_\_\_ (Specify term)  
 Please hold for degree conferral  Please hold for grades

I HEREBY AUTHORIZE THE UNIVERSITY OF RICHMOND TO RELEASE MY ACADEMIC TRANSCRIPT BY WAY OF:

- Pick up at the Office of the University Registrar Pickup in sealed envelope \_\_\_\_\_ No. of Copies being picked up in person  
Picture ID required for pick up. Signed release required if transcript will be picked up by someone other than student. All transcripts must be picked up within 60 days.
- Send ELECTRONIC transcript to the recipient in the lower section. Please note electronic option available for students entering in 1992 to present. Visit <https://registrar.richmond.edu> for full details regarding electronic transcripts.
- Mail paper transcript to the recipient in the lower section. Write clearly as delays may occur due to incomplete or illegible addresses. One paper copy will be mailed unless other quantity indicated. Use address blocks on the next page for additional recipients.

Purpose of Disclosure (REQUIRED): Grad/Law School Study Abroad Other Education Internship Employment/Licensure Self

\*\*\*PAPER TRANSCRIPTS\*\*\* RECIPIENT INFORMATION

No. of Mailed Copies (First 80 transcripts are FREE\*) \_\_\_\_\_

Attention/Business Name \_\_\_\_\_  
 Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 City \_\_\_\_\_ State or Country \_\_\_\_\_ Zip Code \_\_\_\_\_

\*AFTER 80 transcripts, the fee is \$1 per transcript picked up or \$2 per transcript mailed, requested in sealed envelope, or sent electronically. Law students applying to clerkships may apply for a fee waiver through the Law School Career Services Office.

\*\*\*ELECTRONIC TRANSCRIPTS\*\*\* RECIPIENT INFORMATION

Recipient \_\_\_\_\_ Email \_\_\_\_\_

LSAC (Law School Admissions Council) Electronic Transcript  
Field is REQUIRED: LSACID (L+8 digits) \_\_\_\_\_

AMCAS (American Medical College Application Services) Electronic Transcript  
Both fields are REQUIRED: AAMC ID (8 digits) \_\_\_\_\_ AMCAS Transcript ID (7 digits) \_\_\_\_\_

AACOMAS (American Assoc. Colleges of Osteopathic Medicine) Electronic Transcript  
Field is REQUIRED: AACOMAS Transcript Request Form Barcode # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Print out, sign, and return the completed request form either in person, by fax, or by email (as a signed and scanned PDF).

Email to: [registrar@richmond.edu](mailto:registrar@richmond.edu)  
Fax to: (804) 287-6578  
Mail to: Office of the University Registrar, 142 UR Drive, University of Richmond, VA 23173

I understand that my official transcript will be delivered via the method selected and that any holds currently on my record will prevent release of my transcript. (Privacy Act: All requests require an original signature of the student. Requests without a signature will not be processed.)

\*\*\*Student Physical Signature REQUIRED. Forms with any type of electronic, stamped, or imaged signature will not be accepted.\*\*\* Date \_\_\_\_\_



# OFFICIAL TRANSCRIPT REQUEST FORM

\_\_\_\_\_  
 Last    First    Middle  
 \_\_\_\_\_ or XXX - XX - \_\_\_\_\_  
 Student UR ID Number (current students MUST use their UR ID) or last 4 digits of SSN

(ONLY COMPLETE THIS SIDE IF REQUESTING TRANSCRIPTS NOT ALREADY LISTED ON THE FRONT)

**\*\*\*FOR ADDITIONAL PAPER TRANSCRIPTS\*\*\* RECIPIENT INFORMATION**

No. of Paper Copies (First 80 transcripts are FREE\*) \_\_\_\_\_

Attention \_\_\_\_\_

Business Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State or Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Attention \_\_\_\_\_ No. of Paper Copies (First 80 transcripts are FREE\*) \_\_\_\_\_

Business Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State or Country \_\_\_\_\_ Zip Code \_\_\_\_\_

**\*\*\*FOR ADDITIONAL ELECTRONIC TRANSCRIPTS\*\*\* RECIPIENT INFORMATION**

Recipient \_\_\_\_\_

Email Address \_\_\_\_\_

Recipient \_\_\_\_\_

Email Address \_\_\_\_\_

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