



OFFICIAL TRANSCRIPT REQUEST FORM

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. **Regarding electronic transcripts, the content of the official transcript is converted into a PDF document and delivered to the recipient via eSCRIP-SAFE™, the authorized delivery agent selected by the University of Richmond.**

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

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 (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 grade change

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 via eSCRIP-SAFE™ to the recipient in the lower section.
 - Electronic option available for students entering in 1992 to present.
 - Please see Registrar's Office website (<http://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 is 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

*****FOR PAPER TRANSCRIPTS*** RECIPIENT INFORMATION** No. of Mailed Copies (First 80 transcripts are FREE*) _____

Attention/Business Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ 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.**

Print out, sign, and return the completed request form either in person, by fax, or by email (as a signed and scanned PDF).
 Fax to: (804) 287-6578
 Mail to:
 Office of the University Registrar
 142 UR Drive
 University of Richmond, VA 23173
 Email to: registrar@richmond.edu

*****FOR ELECTRONIC TRANSCRIPTS*** RECIPIENT INFORMATION**

Recipient _____

Email Address _____

*****ONLY FOR ELECTRONIC TRANSCRIPTS TO AMCAS (American Medical College Application Services)*****

Both fields are REQUIRED: AAMC ID (8 digits) _____ AMCAS Transcript ID (7 digits) _____

*****ONLY FOR ELECTRONIC TRANSCRIPTS TO LSAC (Law School Admissions Council)*****

Field is REQUIRED: LSAC ID (L +8 digits) _____

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 _____ Zip Code _____

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

Attention _____

Business Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip Code _____

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

Recipient _____

Email Address _____

Recipient _____

Email Address _____

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 _____