

Official Transcript Order Form

Please allow 3-5 business days for processing from the time we receive the form in our office. This includes overnight and priority mail requests. If paying by check make payable to Southern Virginia University. For questions, contact the Registrar's Office at (540) 261-4343. WE DO NOT FAX TRANSCRIPTS. Fees: Please Send All Transcript Requests to: Current Students: \$5.00 per copy Southern Virginia University Southern Virginia Graduates: First 5 transcripts free; \$5 per copy Office of the Registrar Former Southern Virginia and One University Hill Drive Southern Seminary Students: \$15 per copy Buena Vista, VA 24416 Regular Mail: Included with transcript fee Fax: (540) 266-3554 Priority Mail: Additional \$6,65 Email: registrar@svu.edu Overnight Mail: Additional \$30.00 Date of Request: Date of Birth: SVU Graduate: ☐ Yes ☐ No ☐ Southern Virginia University SVU ID#(if known): Dates of Attendance: To From ☐ Southern Seminary College Please Indicate Reason for Request: Choose One: Mail immediately □ Transfer Employment Mail after current grades are available □ Travel Study □ Graduate School Mail after degree is posted □ Insurance □ Other: Will pick up on: Scholarship Current Name (Last, First, Middle): Name(s) Used While Attending: **Current Street Address:** City: State: Zip Code: Phone: Please provide e-mail address for transcript transmission notification: (# of Copies) to address: Mail ☐ Regular Mail For multiple transcripts, please check a box below: ☐ Priority Mail (Additional \$6.65) ☐ Sealed in separate envelopes ☐ Overnight (Additional \$30) ☐ All in one envelope (# of Copies) to address: ☐ Regular Mail For multiple transcripts, please check a box below: ☐ Priority Mail (Additional \$6.65) ☐ Sealed in separate envelopes ☐ Overnight (Additional \$30) ☐ All in one envelope (# of Copies) to address: ☐ Regular Mail For multiple transcripts, please check a box below: ☐ Priority Mail (Additional \$6.65) ☐ Sealed in separate envelopes ☐ Overnight (Additional \$30) ☐ All in one envelope STUDENT SIGNATURE (REQUIRED): I understand my transcripts will NOT be released if there are any outstanding balances owed to SVU please print and sign Visa/Mastercard/Discover # OFFICE USE ONLY Date Received: Security Code Total Amount Exp. Date Email Notification: Date Sent/PickedUp: Cardholder's Signature Authorizing Charge Amt Paid/Type of Payment: Initials: