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:
- Current Students: $5.00 per copy
- Southern Virginia Graduates: First 5 transcripts free; $5 per copy
- Former Southern Virginia and Southern Seminary Students: $15 per copy
  - Regular Mail: Included with transcript fee
  - Priority Mail: Additional $5.75
  - Overnight Mail: Additional $30.00

Please Send All Transcript Requests to:
Southern Virginia University
Office of the Registrar
One University Hill Drive
Buena Vista, VA 24416
Fax: (540) 266-3554
Email: registrar@svu.edu

Date of Request: 
Date of Birth: 

□ Southern Virginia University  SVU ID#(if known): ______________  SVU Graduate: □ Yes  □ No

□ Southern Seminary College  Dates of Attendance: From ______________ To ______________

Choose One: 
- Mail immediately
- Mail after current grades are available
- Mail after degree is posted
- Will pick up on: ______________

Please Indicate Reason for Request:
- □ Employment
- □ Transfer
- □ Graduate School
- □ Travel Study
- □ Insurance
- □ Other: ______________
- □ 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:

Mail ______ (# of Copies) to address:
- □ Regular Mail
- □ Priority Mail (Additional $6.45)
- □ Overnight (Additional $30)

For multiple transcripts, please check a box below:
- □ Sealed in separate envelopes
- □ All in one envelope

Mail ______ (# of Copies) to address:
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STUDENT SIGNATURE (REQUIRED): I understand my transcripts will NOT be released if there are any outstanding balances owed to SVU

Visa/Mastercard/Discover #

Exp. Date: __________/__________
Security Code: __________
Total Amount $__________

Office Use Only
Date Sent/PickedUp: __________
Email Notification: __________

Cardholder’s Signature Authorizing Charge: __________
Amt Paid/Type of Payment: __________
Initials: __________