



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.

<p style="text-align: center;">Fees:</p> <p style="text-align: center;">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</p>	<p style="text-align: center;">Please Send All Transcript Requests to:</p> <p style="text-align: center;">Southern Virginia University Office of the Registrar One University Hill Drive Buena Vista, VA 24416 Fax: (540) 266-3554 Email: registrar@svu.edu</p>		
Date of Request:	Date of Birth:		
<input type="checkbox"/> Southern Virginia University	SVU ID#(if known): _____ SVU Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Southern Seminary College	Dates of Attendance: From _____ To _____		
Choose One:	Please Indicate Reason for Request:		
<input type="checkbox"/> Mail immediately	<input type="checkbox"/> Employment <input type="checkbox"/> Transfer		
<input type="checkbox"/> Mail after current grades are available	<input type="checkbox"/> Graduate School <input type="checkbox"/> Travel Study		
<input type="checkbox"/> Mail after degree is posted	<input type="checkbox"/> Insurance <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Will pick up on: _____	<input type="checkbox"/> 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:		<input type="checkbox"/> Regular Mail	
For multiple transcripts, please check a box below:		<input type="checkbox"/> Priority Mail (Additional \$6.45)	
<input type="checkbox"/> Sealed in separate envelopes		<input type="checkbox"/> Overnight (Additional \$30)	
<input type="checkbox"/> All in one envelope			
Mail _____ (# of Copies) to address:		<input type="checkbox"/> Regular Mail	
For multiple transcripts, please check a box below:		<input type="checkbox"/> Priority Mail (Additional \$6.45)	
<input type="checkbox"/> Sealed in separate envelopes		<input type="checkbox"/> Overnight (Additional \$30)	
<input type="checkbox"/> All in one envelope			
Mail _____ (# of Copies) to address:		<input type="checkbox"/> Regular Mail	
For multiple transcripts, please check a box below:		<input type="checkbox"/> Priority Mail (Additional \$6.45)	
<input type="checkbox"/> Sealed in separate envelopes		<input type="checkbox"/> Overnight (Additional \$30)	
<input type="checkbox"/> All in one envelope			
STUDENT SIGNATURE (REQUIRED): I understand my transcripts will NOT be released if there are any outstanding balances owed to SVU			
Visa/Mastercard/Discover #		OFFICE USE ONLY	Date Received:
Exp. Date /	Security Code	Date Sent/PickedUp:	Email Notification:
Total Amount \$		Amt Paid/Type of Payment:	Initials:
Cardholder's Signature Authorizing Charge			