



**OFFICIAL ACADEMIC RECORDS REQUEST  
COMMUNITY AND PROFESSIONAL EDUCATION**

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

**Students with non-credit records only – CEU courses – receive up to 10 free transcripts.**

**Financial obligations (holds) to the University must be cleared before requests can be honored.**

**Only UR School of Professional and Continuing Studies transcripts may be requested or released. Outgoing transcripts may not be faxed. Transcripts issued directly to a current or former student will bear the notation “Issued to Student” in a Sealed Envelope as requested.**

**Student ID#** \_\_\_\_\_

**Name** \_\_\_\_\_  
   **Last (print)    First    Middle    Date of Birth (MM/DD/YYYY)**

(\*Name as used at the University of Richmond (if changed) \_\_\_\_\_

**Address** \_\_\_\_\_  
   **Street    City    State    Zip**

**Day Phone Number** \_\_\_\_\_                      **Home Phone Number** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

Current student     Not current student    Last attended non credit program \_\_\_\_\_    Certificate completed \_\_\_\_\_  
 Use this address information to update my permanent records.

**I hereby authorize the University of Richmond, School of Professional and Continuing Studies to release my academic transcript to:**  
 **STUDENT IN PERSON**

**Mail transcript to:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_                      **State:** \_\_\_\_\_                      **Zip:** \_\_\_\_\_

\_\_\_\_\_ **Total # of copies**                      \_\_\_\_\_ **# of copies sent to the address above**

\_\_\_\_\_ **# of copies sent to additional addressees on attached sheet**

Issued in sealed envelope(s)

This request is for:  
 Landscape Design Certificate Program     Professional Development Courses     Institute on Philanthropy Certificate Program  
 Culinary Arts Certificate Program     Interior Decorating Certificate Program     Massage Certificate Program

Please hold this request until grades are received for:  
 Fall grades     Spring grades     Summer grades     Please hold for certificate completion

**Student’s Signature** \_\_\_\_\_                      **Date** \_\_\_\_\_

**PRIVACY ACT: ALL REQUESTS REQUIRE AN ORIGINAL SIGNATURE OF THE STUDENT. REQUESTS WITHOUT A SIGNATURE WILL NOT BE PROCESSED.**

\*\$5.00 fee incurred after 10 total transcripts issued:  
**Return completed request in person, by fax, or by e-mail (as a scanned PDF).**  
**Fax to: 804-484-1585**  
**Mail to:**  
**Operations Coordinator**  
**School of Professional and Continuing Studies**  
**University of Richmond, VA 23173**

**FOR OFFICE USE ONLY**

**Date Processed:** \_\_\_\_\_

**Initials:** \_\_\_\_\_