

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 <u>not</u> be faxed. Transcripts issued directly to a current or former student will bear the notation "Issued to Student" in a sealed envelope as requested.

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Student ID#			
Name Last (print) First			· -
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 mad address			
E-mail address			
☐ Current student ☐ Not current student Last attended non credi ☐ Use this address information to update my permanent records.	t program Certificate com	pleted	
1 71	Destanting Land Co. C. C. C. C.		
I hereby authorize the University of Richmond, School of \square STUDENT IN PERSON	Professional and Continuing Studies to	release my acad	emic transcript to:
Mail transcript to:			
wan transcript to.			
Address:			
City: State:	Zip:		
Total # of copies # of copies se	nt to the address above		
# of copies sent to additional addressees on atta	ached sheet		
☐ Issued in sealed envelope(s)			
This request is for:			
Professional Development Courses Institute on Philanthropy	Certificate Program		
☐ Culinary Arts Certificate Program ☐ Interior Decorating Certificate	icate Program		
Please hold this request until grades are received for:			
☐ Fall grades ☐ Spring grades ☐ Summer grades ☐ Please ho	ld for certificate completion		
Student's Signature		Date	
PRIVACY ACT: ALL REOUESTS REOUIRE AN ORIGINAL SIG	NATURE OF THE STUDENT. REQUESTS WITH	HOUT A SIGNATU	RE 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).

E-mail: atravis@richmond.edu Fax to: 804-289-8138

Mail to:

School of Professional and Continuing Studies

Attn: Operations Coordinator 490 Westhampton Way, Ste 240 University of Richmond, VA 23173

FOR	OFFICE	USE	ONLY
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Date Processed:

Initials:_____