

VINCENNES UNIVERSITY

Transcript Request Form

The Family Education Rights and Privacy Act of 1974 requires the written signature of the student to release information pertaining to the academic records of the student. By signing this form the student is giving consent to Vincennes University to release an official transcript.

Please print clearly or type.

Name (Last, First, Middle) _____

Other names you have attended under _____

Social Security Number _____ - _____ - _____ or Birth Date ____ / ____ / ____

Student's Mailing Address _____

Are you presently enrolled at Vincennes University? Yes No

If not presently enrolled, date of last attendance _____

_____ **Mail now** _____ Hold for final grades
_____ Send electronically if possible _____ Hold for degree

I would like the transcript: _____ mailed to the address below.
_____ released to me.

****Transcripts released directly to the student will be stamped "issued to student".****

Please mail to: _____

City _____ State ____ Zip _____
Country _____

Signature of student: _____ **Date:** _____

This request can be faxed to 812-888-4380 or mailed to: Vincennes University
Records Office
1002 North First Street
Vincennes, IN 47591