TRANSCRIPT REQUEST

Print Name: _____
Last First Middle Initial Maiden

Address: _____

City: _____ State: _____ Zip code: _____

VU ID Number: A_____ Social Security Number(Optional): _____-____-_____

Student signature (required): _____ Date: _____

If not presently enrolled at VU, last date of attendance:_____

Mail transcript to:_____

Address: _____

City: _____ State: _____ Zip code: _____

Complete the above information and fax this transcript request form to: **812-888-4380** or mail to:

VINCENNES UNIVERSITY

Office of Records
Vincennes University
1002 N. First Street
Vincennes, IN 47591