



TRANSCRIPT REQUEST FORM

The Family Education Rights and Privacy Act of 1974 require 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.

Are you presently enrolled at VU or VUJC? Yes No
If not presently enrolled, date of last attendance or semester _____

Mail Now Hold for final grades (list semester "fall, spring, summer")
 Hold for degree

Complete the following information:

Name (Last, First Middle) **Former Name(s)**

University Id or SS#: _____ - _____ - _____ OR Birth Date ____/____/____

Student Mailing Address: _____

Student Signature Required: _____ **Date:** _____

Transcripts released directly to the student will be stamped "issued to student". *No charge for a transcript.*

Mail Transcript to:

College/University/Business: _____

Attn: _____

Address: _____

City/State/Zip: _____

Official transcripts are only issued from Vincennes University in Vincennes. Official transcripts must be mailed directly from VU to your destination of choice, or the transcript may not be considered official. Fax this form to 812-888-4380 or mail to: VU Records Office, 1002 North First Street, Vincennes, IN 47591.