



# Transcript Request Authorization Form

Today's Date

## Applicant's Information

Name while enrolled in the institution (First, Middle, and Last)

Date of Birth (mm/dd/yyyy)

Gender

Street address

City

State/Province

Postal code

Email Address

Phone number

## Authorization

By signing this document, I authorize Vincennes University to request  
(enter the name of high school that has your transcript)

to release my complete academic transcript to Vincennes University.

I certify under penalty of law that I am the individual identified in this transcript request, or I am the parent/guardian authorized to make this request. (sign below)

Please return this completed form to the VU Admissions Office via:

- Email [vuadmit@vinu.edu](mailto:vuadmit@vinu.edu) or
- Fax 812-888-5707.