

# RADFORD UNIVERSITY

Registrar

## TRANSCRIPT REQUEST FORM

**PROCESSING TIME** is approximately 2 business days from the date request is received. During peak periods, processing time may increase.

You may contact our office 540-831-5272 to check the status of your request.

Completed, legally signed request forms can be sent to:

**Fax No.: 540-831-6642, Mailing address: Registrar's Office, Radford University, Box 6904, Radford, VA 24142,**

**Email Address: registrar@radford.edu**

All transcripts include the Registrar's Seal and are delivered via U.S. Mail

Student Name: \_\_\_\_\_ Maiden/other name(s): \_\_\_\_\_ Date: \_\_\_\_\_

RU ID# \_\_\_\_\_ Last 4 of SSN: xxx-xx- \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)  
(if known)

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Your Legal Signature: \_\_\_\_\_

**(Requests which are not legally signed or are electronically signed, will not be processed)**

Type of Transcript: Undergraduate (UG) ☐ Graduate (GR) ☐ UG & GR ☐

Dates of Attendance/Graduation: \_\_\_\_\_ Degree: UG: \_\_\_\_\_ GR: \_\_\_\_\_

Currently enrolled at Radford University? Yes ☐ No ☐

### TRANSCRIPT ORDER DETAILS

☐ **I REQUEST TO PICK UP** my transcripts in the Registrar's Office

Quantity to be picked up \_\_\_\_\_  
MAXIMUM 5 TRANSCRIPTS PER REQUEST FORM

☐ **I REQUEST TRANSCRIPTS BE MAILED** to the following address(s):

Check the web or call the recipient if you are unsure of the address information.

Include the department when mailing to a campus, not just the school name.

- **NAME OF THE PERSON/ORGANIZATION:** example: Radford University or Dr. John Doe, Radford University
- **THE DEPARTMENT NAME:** example: Registrar's Office, Undergraduate Admissions Office, Human Resources, etc.
- **STREET ADDRESS OR PO BOX NUMBER**
- **CITY, STATE, ZIP**
- **ATTACH FORMS YOU WANT MAILED WITH THE TRANSCRIPT**
- **WRITE LEGIBLY**

_____	_____
_____	_____
_____	_____
_____	_____

QUANTITY: \_\_\_\_\_ QUANTITY: \_\_\_\_\_

MAXIMUM 5 TRANSCRIPTS PER REQUEST FORM

### \*\*\*\*OPTIONS FOR CURRENTLY ENROLLED STUDENTS ONLY\*\*\*\*

☐ Hold this transcript request until my **GRADES** are posted at the end of the current semester.

☐ Hold this transcript request until my **DEGREE** is posted at the end of the current semester.

\*\*\*\*\***CAUTION: CHECKING A BOX MEANS YOUR TRANSCRIPT DOES NOT GET MAILED UNTIL AFTER THE CURRENT TERM**\*\*\*\*\*

### PURPOSE OF TRANSCRIPT REQUEST

Scholarship/Internship/Graduate School ☐ Employment Opportunity ☐ Other ☐ \_\_\_\_\_

Transferring: ☐ VA community College ☐ 4-year VA college ☐ Out of State \_\_2yr \_\_4 yr

IF TRANSFERRING, PLEASE INDICATE REASON: ☐ Economic Reasons ☐ Academic/Curriculum Issues ☐ Level of Satisfaction ☐ Other