



Transcript Request Form

This form is for use by students who last completed coursework prior to 1979. All other students should utilize the online transcript ordering services:

Please print legibly.

Name at time of enrollment: _____
Last First Middle Suffix

Current name (if different from above): _____
Last First Middle Suffix

Date of birth (required): _____

Last year of enrollment: _____ Vanderbilt school: _____

Current address: _____

Phone: _____

Email: _____

 Signature: _____ Date: _____

By federal law, your legal, hand-written signature is required to authorize the release of your transcript.
Hand-writing style fonts or digital signatures will not meet this requirement.

Please use a separate form for each recipient.

Destination type: _____ Self _____ Agency _____ Regulatory Board
_____ Human Resources _____ College/University _____ Scholastic Agency

____ Postal Mail+ (# of copies ____) Recipient: _____

Address Line 1: _____

Address Line 2: _____

City/State/Zip: _____

Submit completed form to the Office of the University Registrar at transcripts@vanderbilt.edu

Mail: PMB 407701, Nashville, TN 37240