Office of the Registrar 1700 Chapel Dr, Valparaiso, IN 46383 Monday – Friday 8:00 a.m. – 5:00 p.m. Phone: 219-464-5212 Fax: 219-464-6684 E-mail: Registrar@valpo.edu

TRANSCRIPT REQUEST

Outstanding obligations to the University must be satisfied prior to the release of transcripts.

Valparaiso University charges \$5.00 for each official transcript. Requests may be made in person during regular office hours of 8:00 a.m. – 5:00 p.m. (CST) Monday through Friday. They may also be sent by mail or fax by completing this form. Please make sure you sign your request. Federal Law (FERPA) prohibits the release of transcripts without a written signature.

Name				Date	Valpo I.D. No
First	Middle	Maiden	Last		
Address					
Signature			Birth Date	Social Sec	curity Optional
-					Optional
Current e-mail addre	ess			Phone	
Are you currently enrolled?YesNo			If no, last year attended		
Program(s) attended	(please check all t	hat apply):			
Undergradu	ateGradu	ate*Law	(Print Lav	w Rank?Yes	No)
*If you have taken C			Check on		(allow for one week processing)
please list the most recent course(s) you have taken in the special instructions below.			Hold for grades at the end of term Hold for degree - date expected:		
Ĩ					
Mail To:				Method of payme	
Please print				□ Check	Money order
				□ MasterCard	Discover American Express
				Card #:	
					Security Code:
				Payment information of	can also be received by phone or e-mail.

If there are any special instructions, or if additional requests are needed, please list below or on a separate sheet of paper.