



Official Transcript Order Form

Please Allow 3-5 business days for processing from the time we receive the form in our office. This includes overnight and priority mail requests. If paying by check, make payable to Southern Virginia University. For questions, contact the Registrars Office at (540) 261-4343. WE DO NOT FAX TRANSCRIPTS.

FEES:

Current Students: \$5.00 per copy
Southern Virginia Graduates: First 5 transcripts free: \$5.00 per copy
Former Southern Virginia/Southern Seminary Students: \$15 per copy
Regular Mail: Included with transcript fee
Priority Mail: Additional \$6.65
Overnight Mail: Additional \$30.00

PLEASE SEND TRANSCRIPT REQUEST TO:

Southern Virginia University
Office of the Registrar
One University Hill Drive
Buena Vista, VA 24416
Fax: (540) 266-3554
Email: registrar@svu.edu

Current Name (Last, First, Middle):

Name(s) used while attending:

Current street address:

City: State: Zip: Phone: Email:

Date of Request:

Date of Birth:

Southern Virginia University SVU ID#: _____

SVU Graduate

Southern Seminary College

Dates attended: _____ to _____

Choose One:

Reason for Request:

Mail Immediately

Employment

Transfer

Mail after current grades are available

Graduate School

Travel Study

Mail after degree is posted.

Insurance

Other:

Will pick up on:

Scholarship

PLEASE MAIL MY TRANSCRIPTS TO:

Address 1:

Number of copies: _____
For multiple copies, please check below:
 Sealed in separate envelopes
 All in one envelope

Regular Mail
 Priority Mail (Additional \$6.65)
 Overnight (Additional \$30)

Address 2:

Number of copies: _____
For multiple copies, please check below:
 Sealed in separate envelopes
 All in one envelope

Regular Mail
 Priority Mail (Additional \$6.65)
 Overnight (Additional \$30)

Address 3:

Number of copies: _____
For multiple copies, please check below:
 Sealed in separate envelopes
 All in one envelope

Regular Mail
 Priority Mail (Additional \$6.65)
 Overnight (Additional \$30)

Student Signature (Required):

I understand my transcripts will not be released if there are any outstanding balances owed to Southern Virginia:

Visa/Mastercard/Discover #

OFFICE USE ONLY	Date received:
Date Sent/Picked Up:	Email Notification:
Amount Paid/Payment Type:	Initials:

Expiration Date: Security Code: Total Amount:

Cardholder's Signature: