



**SOUTHERN  
VIRGINIA  
UNIVERSITY**

## 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) 261-8408. **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 \$7.95  
Overnight Mail: Additional \$45

### 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#: \_\_\_\_\_

☐ Southern Seminary College

Choose One:

☐ Mail Immediately

☐ Mail after current grades are available

☐ Mail after degree is posted.

☐ Will pick up on:

☐ SVU Graduate

Dates attended: \_\_\_\_\_ to \_\_\_\_\_

Reason for Request:

☐ Employment

☐ Graduate School

☐ Insurance

☐ Scholarship

☐ Transfer

☐ Travel Study

☐ Other:

### 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 \$7.95)

☐ Overnight (Additional \$45)

Address 2:

Number of copies: \_\_\_\_\_

*For multiple copies, please check below:*

☐ Sealed in separate envelopes

☐ All in one envelope

☐ Regular Mail

☐ Priority Mail (Additional \$7.95)

☐ Overnight (Additional \$45)

Address 3:

Number of copies: \_\_\_\_\_

*For multiple copies, please check below:*

☐ Sealed in separate envelopes

☐ All in one envelope

☐ Regular Mail

☐ Priority Mail (Additional \$7.95)

☐ Overnight (Additional \$45)

Student Signature (Required):

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

Visa/Mastercard/Discover #

Expiration Date:

Security Code:

Total Amount:

Cardholder's Signature:

**OFFICE USE ONLY**

Date received:

Date Sent/Picked Up:

Email Notification:

Amount Paid/Payment Type:

Initials: