



# 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 \$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:  
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 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 #

<b>OFFICE USE ONLY</b>		Date received:
Expiration Date:	Security Code:	Date Sent/Picked Up:
Cardholder's Signature:	Total Amount:	Email Notification:
	Amount Paid/Payment Type:	Initials: