Virginia Commonwealth University

final high school **transcript request form**

Freshman applicants: Complete the Applicant information section, sign this form and give it to your high school guidance counselor.
Schools: Sign the form, attach it to the applicant's final high school transcript and return it to:

Virginia Commonwealth University
Office of Undergraduate Admissions
P.O. Box 842526
Richmond, VA 23284-2526

Applicant information

Name _____
Last First Middle Other last

VCU ID number V _____ _____ _____ _____ _____ _____ _____ _____ (can be found on the Certificate of Admission)

Date of birth _____ / _____ / _____

Intended semester of entry ☐ Fall 20 _____ ☐ Spring 20 _____

_____
Applicant's signature Date

_____
Counselor/school official signature Date

Virginia Commonwealth University

final college **transcript request form**

Applicants: Complete this form and give it to your college or university registrar's office.
Schools: Attach this form to two copies of the applicant's transcript and return it to:

Virginia Commonwealth University
Office of Undergraduate Admissions
P.O. Box 842526
Richmond, VA 23284-2526

Applicant information

Name _____
Last First Middle Other last

VCU ID number V _____ _____ _____ _____ _____ _____ _____ _____

☐ I am requesting final transcripts.

Intended semester of entry ☐ Fall 20 _____ ☐ Spring 20 _____

School information

College name _____

Location (city, state) _____ Enrollment dates: from _____ to _____

_____
Applicant's signature Date