

TRANSCRIPT REQUEST FORM

AVERETT UNIVERSITY

**Registrar's Office
420 West Main Street
Danville, VA 24541
Fax: 434-791-7181**

In order for your transcript to be issued all financial obligations to Averett University must be satisfied. If a student is financially clear at the time we receive the request, processing will normally be completed within two working days, including transcripts being picked up; however, service may be slower during rush periods.

OFFICIAL UNOFFICIAL

Send my transcript regular mail.

Send my transcript UPS Overnight*

I will pick my transcript up.

Student's Full Name: _____
Last First Middle Maiden

Student Id #: _____ Date of Birth: _____

Enrollment dates: _____

Address: _____
Street Apt. City State Zip Code

Phone #: _____

Please send my transcript to:

Name: _____

Address: _____

Number of Copies: _____

Method of Payment:

Cash/Check/Money Order - \$7 per copy (made payable to Averett University; returned check \$100 charge)

UPS Overnight- additional \$30*

**Transcripts cannot be sent overnight to a PO Box. Please provide a physical address.*

Effective January 1, 2012:

To use a **credit/debit card** to pay for transcript, please go to www.getmytranscript.com.

You can use the kiosk at the AU Central desk to complete the request online.

Special Instructions - Hold Transcript Until:

Degree Completion Statement (available once requirements have been met)

Degree Conferred to Print on Transcript (only available after graduation date)

Grades at semester's end.

Grades posted for: Term _____ Year _____

Signature: _____

Date: _____