

REQUEST FOR TRANSCRIPT SEARCH

Requestor Information

Name:	Daytime Phone:
Name under which enrolled (if different from above):	
Birthdate:	Social Security Number:
School Attended:	Location:
Email Address:	
Dates of Attendance or graduation:	
Name and Address where you want our response sent:	

A \$10.00 non-refundable money order or cashier’s check made payable to “Treasurer of Virginia” must accompany this request. Personal checks are not accepted.

PLEASE MAIL FORM AND PAYMENT TO THE ADDRESS BELOW. FAXED FORMS WILL NOT BE ACCEPTED.

Return this form and the fee to:

**SCHEV
Attn: P.O.P.E
James Monroe Building, 9th Floor
101 North Fourteenth Street
Richmond, Virginia 23219**

If you have questions, please call us at (804) 225-3093.

Signature: _____ Date: _____

PLEASE BE ADVISED:

- Even though you attended the school named above, we may not have a copy of your record. Should this be the case, we will notify you accordingly.
- The State Council of Higher Education for Virginia does not act in the capacity of registrar. Consequently, we provide copies of the records we have in storage, not official transcripts.
- One form must be filled out per request under one name, if requesting search under multiple names, please fill out separate forms and include appropriate fee for each form.
- For third party requests, please attach a signed release from the student.
- Transcript requests will be processed within 10-14 business days upon receipt.