EVMS
Eastern Virginia Medical School

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UNOFFICIAL TRANSCRIPT REQUEST

I. Name: ___________________________________________ SSN (required): ___________________________________________
   Last       First       Middle/Maiden

   Other Names Used: ___________________________________________ Date of Birth: ____________________________
   ___________________________ ___________________________
   mo/day/year

   Address: ___________________________________________ Daytime Phone: ____________________________
   ___________________________________________ ___________________________
   ___________________________________________ ___________________________
   ___________________________________________ ___________________________

   E-mail Address: ___________________________________________

   I am currently attending EVMS: ☐ Yes ☐ No

   Dates of EVMS Attendance (mo/year to mo/year): ____________________________

   Program Attended at EVMS: ____________________________ Graduation Date (month/year): ____________________________

II. Service Desired:
   ☐ Hold for pickup  Pickup date: ____________________________
   □ Send now.
   ☐ Hold for most recent semester grades (processing can take up to two weeks after end of semester). If holding for summer
     grades, indicate session(s) attended: ____________________________
   ☐ Hold for degree posting (processing can take up to one month after graduation date).
     Indicate expected date of graduation: ____________________________
   □ I have a special deadline: ____________________________
   □ Overnight shipping (provide your Federal Express/UPS account number www.fedex.com):
     ☐ FedEx  FedEx/UPS account number: ____________________________

   Please mail _____ copies to the address below.
   (Please use one form per address and provide complete mailing information for each address, including Zip Code.)

   ___________________________________________
   Name

   ___________________________________________
   Street Address

   ___________________________________________
   City       State/Country       Zip/Postal Code

   Signature (required): ____________________________ Date: ____________________________

UNOFFICIAL TRANSCRIPT REQUEST FORM, Updated 1/20/16