



Office of the Registrar
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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: _____

TOTAL COPIES
ORDERED

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: _____