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UNOFFICIAL TRANSCRIPT REQUEST

Name:		SSN (required):	
Last	First	Middle/Maiden	
Other Names Used:		Date of Birth:	
			mo/day/year
Address:		Daytime Phone:	
F-mail Address:		8	
I am currently attending	EVMS: ☐ Yes ☐ No	Dates of EVMS Attendance (mo/year to mo/year	r):
Program Attended at EV	'MS:	Graduation Date (month/yea	ar):
X 8 3 4 0			
Service Desired:			TOTAL COPIES ORDERED
☐ Hold for pickup	Pickup date:		
☐ Send now.	Email Transcript to:		
		ing can take up to two weeks after end of semester	
Hold for degree post Indicate expect	ing (processing can take u	p to one month after graduation date).	
☐ I have a special dead	dline:		
Overnight shipping (provide <u>vour</u> Federal Exp	oress/UPS account number <u>www.fedex.com):</u>	
☐ FedEx	FedE	x/UPS account number:	
Please mail copie	es to the address below.		
		nplete mailing information for each address, includir	ng Zip Code.)
1			
Name			
Street Address	18		
City		State/Country	Zip/Postal Code
Ciamatura (mandrad)		Date:	
Signature (required): _		Date	

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