

## Instructions for High School Transcript Request

**Applicants:** Complete the Applicant information section on the back of this form, sign it and **give it to your high school guidance counselor.** Transcripts should be mailed directly to VCU from the guidance office.

**Counselors:** Enter the applicant's class size, rank in class and GPA. Attach this form to the high school transcript and return it to:

**Virginia Commonwealth University**  
**Office of Undergraduate Admissions**  
P.O. Box 842526  
Richmond, Virginia 23284-2526

## Instructions for College Transcript Request

**Applicants:** If you have attended any college or university, complete the Applicant information section on the back of this form, sign it and **give a copy of it to the university registrar at each school you have attended.**

**Registrars:** Complete the School information section of this form. Attach this form to the applicant's transcript and return it to:

**Virginia Commonwealth University**  
**Office of Undergraduate Admissions**  
P.O. Box 842526  
Richmond, Virginia 23284-2526

## High School Transcript Request

### Applicant information

Name \_\_\_\_\_  
last first middle initial

Intended semester of entry Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Intended VCU major \_\_\_\_\_

Date of birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Please note, while this information is not required for admission consideration, it is necessary for applicants who wish to be considered for financial aid and Hope Scholarship/Lifetime Learning tax credit to provide a Social Security number to the university.) To protect your privacy, your Social Security number will not be used as your student identification number.

X Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

### School information

High school name \_\_\_\_\_ CEEB/SAT code \_\_\_\_\_

School telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Rank in class \_\_\_\_\_ Class size \_\_\_\_\_ GPA \_\_\_\_\_  
If school does not rank, enter NR and provide class size.

Grade scale  90 – 100 = A  93 – 100 = A  95 – 100 = A  Other \_\_\_\_\_

X Counselor's/school official's signature \_\_\_\_\_ Date \_\_\_\_\_

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last first middle initial

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Date of birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Please note, while this information is not required for admission consideration, it is necessary for applicants who wish to be considered for financial aid and Hope Scholarship/Lifetime Learning tax credit to provide a Social Security number to the university.) To protect your privacy, your Social Security number will not be used as your student identification number.

I am requesting  Transcript showing work-to-date  Final transcript

X Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

### School information

College name \_\_\_\_\_

Location \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ ETS college code \_\_\_\_\_