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

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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 __________________

College 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.

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 __________________________