



Virginia University of Lynchburg Request for Official Transcripts

VIRGINIA UNIVERSITY OF LYNCHBURG
2058 GARFIELD AVENUE
LYNCHBURG, VIRGINIA 24501-6417
434-528-5276 FAX 434-528-4257

Date: _____

Name of Institution: _____

Student Name: _____
Last First Middle (Maiden)

Address: _____
Street City State Zip

Date of Birth: _____ Social Security# or Student#: _____

Name used when attending the institution if different from above:

_____ Last First Middle

Number of official copies requested: _____

Please mail transcript(s) to:

Virginia University of Lynchburg
ATTN: Admissions
2058 Garfield Avenue
Lynchburg, Virginia 24501-6417
(434) 528-5276 Fax (434) 528-4257

Student Signature

Please duplicate this form as needed.

If you should have any questions please call 434-528-5276 and ask for Cheryl Glass.