OFFICIAL TRANSCRIPT REQUEST FORM

Dear Applicant,

Regent University is excited to offer you the free service of requesting your transcripts on your behalf. Please follow the guidelines below in order to help us request your transcripts for you. If you have any questions please feel free to call Amanda Hogue, Transcript Coordinator at (757) 352-4428 or toll-free at (888) 718-1222.

Directions:

1. Print out the Transcript Request Form (one form for each institution)
2. Fill out the form(s) completely
3. Sign the form(s)
4. Return the form(s) to Regent University Admissions Office through one of the following three options:

OPTION 1: SCAN & EMAIL	OPTION 2: FAX	OPTION 3: MAIL
transcripts@regent.edu Use your Smart Phone to scan with the Genius Scan App- follow link for directions	757-352-4509	Regent University Attn: Amanda Hogue 1000 Regent University Drive Virginia Beach, VA 23464-9800

5. Regent will forward each form to the institution listed and pay for any required transcript fees*

*Regent University is not able to request a transcript(s) with the following conditions:

- School will not accept credit card payment for transcripts
- Applicant has a balance due at a previous college
- Transcript is from a school not recognized by the U.S. Dept of Education
- Transcript is from a school that no longer exists
- International Transcripts
- Home school Transcripts
- High School Transcripts
- SAT/ACT/GED/LSAT/GRE/GMAT scores

OFFICIAL TRANSCRIPT REQUEST FORM

Office Use Only:
Banner #: _____
Term: _____
Request Date: _____
_____
CAS SBL GV CA PC DIV EDU

- If any difficulties in processing are encountered, please contact the Regent University Admissions Office at (888) 718-1222 or Amanda Hogue, Transcript Coordinator at (757) 352-4428
- Please send one (1) Official Academic Transcript to:
  Fax: 757-352-4509 & Email: transcripts@regent.edu

Regent University
Attn: Enrollment Support Services
1000 Regent University Drive
Virginia Beach, VA 23464-9800

APPLICANT INFORMATION

_____
Last Maiden Middle First

_____
Current Address City State Zip

_____ _____-_____-_____ _____ _____
Social Security Number or Student ID Date of Birth Phone Number Email Address

COLLEGE/UNIVERSITY ATTENDED

_____
Name of Institution Campus

_____
Street

_____
City State Zip Code Country

_____
Phone Office Fax (if known)

Dates Attended: *(from)* _____/_____/ *(to)* _____/_____ _____
Month Year Month Year Degree awarded (if any)

STUDENT CONSENT

As an applicant to Regent University, I authorize you to release my academic records.

_____ _____
Signature Date

*Be advised that you must submit an application and pay the application fee in order to take advantage of this offer.