



Undergraduate Program
Transcript Request Form

Dear Applicant,

Regent University is excited to offer you the 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 us at 1-888-718-1222.

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's Office of Undergraduate Admissions via mail or fax:

Regent University

Attn: Undergraduate Admissions

1000 Regent University Drive

Virginia Beach, VA 23464-9800

Or

Fax: 757-352-4509

5. Regent will forward each form to the institution listed



- Regent University will not request a transcript under 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
- SAT/ACT scores



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- Please process this request within one (1) week.
- If any difficulties in processing are encountered, please contact the Regent University Admissions Office at 888-718-1222
- Please send one (1) Official Academic Transcript to:

*Regent University,
Attn: Central Enrollment
1000 Regent University Drive
Virginia Beach, VA 23464-9800*

APPLICANT INFORMATION

Name	Last	Maiden	Middle	First
Current Address	City		State	Zip
____/____/____	_____	_____	_____	_____
Social Security Number	Date of Birth	Phone Number	Email Address	
_____	_____	_____	_____	

COLLEGE/UNIVERSITY/HIGH SCHOOL ATTENDED

Name of Institution	Campus			
Street				
City	State	Zip Code	Country	
_____	_____	_____	_____	
Phone	Office Fax (if known)			
_____	_____			
Dates Attended: (from)	____/____/____	(to)	____/____/____	Degree awarded (if any)
	Month Year	Month Year		_____

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.