

REQUEST FOR OFFICIAL TRANSCRIPT OF ACADEMIC RECORD

OFFICE OF THE REGISTRAR
VERMONT LAW SCHOOL
P.O. Box 96 • Chelsea St.
South Royalton, VT 05068
(802) 831-1000

Date _____ Degree _____
 CURRENTLY ENROLLED? Yes No Class Year _____
 # OF COPIES _____ STUDENT # _____

**THIS FORM WILL BE USED IN A WINDOW ENVELOPE.
 APPLICANT IS RESPONSIBLE FOR CORRECT ADDRESSES.**

STUDENT INFORMATION: [Please Print]

Name _____
 Address _____
 City _____ State _____ Zip _____

INSTRUCTIONS FOR THIS REQUEST:

- Issue Now
- Hold for current semester grades
- Hold until degree is conferred
- Include class rank
- Deadline for this request: _____

Request will be processed as quickly as possible in the order of application. Extra time may be necessary during peak periods (e.g., end of semester, registration.)

Do this for the purpose of transfer? Yes No

PREVIOUS NAME - Only if you studied under it.

 STUDENT SIGNATURE

FEE SCHEDULE	
<input type="checkbox"/> \$3.00 prior 1999	<input type="checkbox"/> \$15.00 FED EX
<input type="checkbox"/> \$5.00 after 1999	<input type="checkbox"/> \$1.00 / page fax

OFFICE USE
 Transcripts delivered directly to the student will be stamped "Issued to Student."
 Transcripts will not be issued for anyone whose financial obligations to Vermont Law School have not been met.

FAX CHARGE	\$
TRANSCRIPT CHARGE	\$
RECEIVED	\$
DUE	\$

DATE _____ BY _____

DIRECTIONS FOR MAILING:

PRINT CLEARLY for use in window envelope the name and address of the person or institution to receive this transcript.

