**Final High School Transcript Request Form**

**Freshman Applicants:** Complete the Applicant information section, sign this form and give it to your high school guidance counselor. **Schools:** Sign the form, attach it to the applicant’s final high school transcript and return it to:

Virginia Commonwealth University  
Office of Undergraduate Admissions  
P.O. Box 842526  
Richmond, VA 23284-2526

**Applicant Information**

- Name __________________________  
  Last  
  First  
  Middle  
  Other last

- VCU ID number V __________________________ (can be found on the Certificate of Admission)

- Date of birth ____________ / ____________ / ____________

- Intended semester of entry  
  ☐ Fall 20 ________  
  ☐ Spring 20 ________

__________________________________________  
Applicant’s signature  
Date

__________________________________________  
Counselor/school official signature  
Date

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**Final College Transcript Request Form**

**Applicants:** Complete this form and give it to your college or university registrar’s office. **Schools:** Attach this form to two copies of the applicant’s transcript and return it to:

Virginia Commonwealth University  
Office of Undergraduate Admissions  
P.O. Box 842526  
Richmond, VA 23284-2526

**Applicant Information**

- Name __________________________  
  Last  
  First  
  Middle  
  Other last

- VCU ID number V __________________________

- ☐ I am requesting final transcripts.

- Intended semester of entry  
  ☐ Fall 20 ________  
  ☐ Spring 20 ________

**School Information**

- College name __________________________

- Location (city, state) __________________________  
  Enrollment dates: from ____________ to ____________

__________________________________________  
Applicant’s signature  
Date