Office of the Registrar
1700 Chapel Dr, Valparaiso, IN 46383
Monday – Friday 8:00 a.m. – 5:00 p.m.
Phone: 219-464-5212 Fax: 219-464-6684 E-mail: Registrar@valpo.edu

TRANSCRIPT REQUEST

Outstanding obligations to the University must be satisfied prior to the release of transcripts.

Valparaiso University charges $5.00 for each official transcript. Requests may be made in person during regular office hours of 8:00 a.m. – 5:00 p.m. (CST) Monday through Friday. They may also be sent by mail or fax by completing this form. Please make sure you sign your request. Federal Law (FERPA) prohibits the release of transcripts without a written signature.

Name_____ Date_____ Valpo I.D. No._____
First Middle Maiden Last

Address_____

Signature_____ Birth Date_____ Social Security_____
Optional

Current e-mail address_____ Phone_____

Are you currently enrolled? _____Yes _____No If no, last year attended_____

Program(s) attended (please check all that apply):

_____Undergraduate _____Graduate* _____Law (Print Law Rank? ____Yes ____No)

*If you have taken Connecting Link courses, please list the most recent course(s) you have taken in the special instructions below.

Check one: _____Send now (allow for one week processing)
_____Hold for grades at the end of term _____
_____Hold for degree - date expected: _____

Number of copies to the following address_____

Mail To:
Please print

_____

_____

_____

_____

Method of payment:
☐ Check ☐ Money order

☐ Visa ☐ MasterCard ☐ Discover

Card #:_____

Exp. Date:_____/_____ Security Code:_____

Payment information can also be received by phone or e-mail.

If there are any special instructions, or if additional requests are needed, please list below or on a separate sheet of paper.

Please contact the Registrar's Office if you need assistance or have questions: Registrar@valpo.edu