



REQUEST FOR AN OFFICIAL  
COLLEGE TRANSCRIPT

**Please type on the form and then print to sign.**

All Information is required

You may receive your first official transcript at no charge. Each additional transcript costs \$5.00.

You may pay by credit card, check, or money order.

If you are paying by credit card, you may fax or scan and email this request to the fax or email address listed above.

You can also mail your request, along with a check or money order, to the address listed above.

First Name		Middle Initial		Last Name	
*Full Name at the Time of Attendance (if different from above)				*Date of Birth (mm-dd-yy)	
SSN or Student Number		Address			
City	State	Zip	Phone		
(Please check one)					
I attended classes from (years) _____ to _____ . I graduated in (year) _____ .					
How many copies of your official transcript do you wish to order?					
Unless specified, we will send your transcript to the address you have listed above. If you would like to have your transcript mailed to another location, please list that location below. If you need to list more than one location, simply print out another transcript request and list the location on the second page:					
Name					
Address					
City	State	Zip	School Phone		
Fax					
Notes					
To the student: I give University of Fairfax permission to forward my Official Transcript to the address(es) listed above. I also confirm that I am the student whose transcript is being requested.					
<input checked="" type="checkbox"/> I authorize you to release my Official Transcript					
Signature			Date		
If you wish to pay by credit card, please complete the following:					
Credit Card Type (Check One)	Visa		Master Card		
Name Printed on Card					
Credit Card Number					
Expiration Date					