



Transcript Request

Please submit the completed form to the registrar's office at the institution you attended.

DATE: _____

TO: REGISTRAR (Please provide FULL school name and address)

SUBJECT: Request for one (1) copy of transcript. Transcript fee enclosed: \$ _____

FROM: _____
(Name - **Please Print**)

This is your authorization to provide University of Fairfax with one (1) Official Transcript of my credits. The necessary information regarding my school background is listed below.

Sincerely, _____
(Signature)

Name(s) attended under: _____

Dates of attendance: _____

Social Security Number: _____

Date of Birth: _____

Please mail **official transcript** to the following address:

Jo-Anne King
University of Fairfax
2070 Chain Bridge Road, Suite G-100
Vienna, Virginia 22182