

University of the Virgin Islands

Office of the Registrar

2 John Brewer's Bay, St. Thomas, V.I. 00802-9990

*Transcripts are processed
within 3-5 working days*

Official Transcript(s)

Unofficial Transcript(s)

Receipt #: _____

Transcript Request

_____ Date

Last Name _____

First Name _____

Middle _____

SSN _____

Date of Birth _____

_____ \$10 per copy

Amt Paid \$ _____

Date _____

_____ Currently Enrolled:

If not, last date enrolled _____

_____ Number of Transcripts to be sent to address below



- Hold for current semester grades
- Send transcripts now
- Hold for Degree to be posted
- Undergraduate
- Graduate

This slip is notification that your transcript has been sent and a statement of the charges involved.

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Student's Name and Address:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

TYPE or **PRINT** address within block for use in window envelopes

Signature: _____

Fax transcript request to: FAX: 340-693-1167 (Registrar's Office)

Credit Card: Call 340-693-1437 (Cashier)

Make checks payable to: University of the V.I.
#2 John Brewers Bay
St. Thomas, V.I. 00802