REQUEST FOR OFFICIAL
TRANSCRIPT OF
ACADEMIC RECORD

OFFICE OF THE REGISTRAR
VERMONT LAW SCHOOL
P.O. Box 96 • Chelsea St.
South Royalton, VT 05068
(802) 831-1000

THIS FORM WILL BE USED IN A WINDOW ENVELOPE.
APPLICANT IS RESPONSIBLE FOR CORRECT ADDRESSES.

STUDENT INFORMATION: [Please Print]

Name ____________________________________________
Address ________________________________________
City ___________________________ State _______ Zip _______

PREVIOUS NAME - Only if you studied under it.

STUDENT SIGNATURE

DIRECTIONS FOR MAILING:
PRINT CLEARLY for use in window envelope the name and address of
the person or institution to receive this transcript.

Date ____________________
Degree ____________________

CURRENTLY ENROLLED? Yes □ No □ Class Year ______

# OF COPIES ___________ STUDENT # ___________

INSTRUCTIONS FOR THIS REQUEST:
☒ Issue Now
☐ Hold for current semester grades
☐ Hold until degree is conferred
☐ Include class rank
☐ Deadline for this request: _______________________

Request will be processed as quickly as possible in the order of application. Extra time may be necessary during peak periods (e.g., end of semester, registration).

Do this for the purpose of transfer? Yes □ No □

FEE SCHEDULE

☒ $3.00 prior 1996
☒ $15.00 FED EX
☒ $5.00 after 1996
☒ $1.00 / page fax

OFFICE USE
Transcripts delivered directly to the student will be stamped “Issued to Student.”
Transcripts will not be issued for anyone whose financial obligations to Vermont Law School have not been met.

FAX CHARGE $ __________
TRANSCRIPT CHARGE $
RECEIVED $
DUE $

DATE ___________ BY _________