

GEAR UP Virginia

Transcript Request Form



State Council of
Higher Education for Virginia

YOU MAY SUBMIT THIS FORM TO YOUR INSTITUTION'S RECORDS AND REGISTRATION OFFICE OR USE THE TRANSCRIPT REQUEST FORM PROVIDED BY YOUR INSTITUTION.

Student Information

Last Name	First Name	Middle Initial
Student ID Number or SSN	Date of Birth	
Mailing Address	Apt. Number	
City	State	Zip
Phone	Email Address	
Name of Institution		
Dates of Attendance		

PLEASE DO NOT PROCESS TRANSCRIPT REQUEST UNTIL SPRING 2010 GRADES HAVE POSTED.

Transcript Mailing Information

<input type="checkbox"/> Please mail my official academic transcript directly to: SCHEV/GEAR UP Virginia Scholarship 101 N. 14 th Street James Monroe Building, 10 th fl Richmond, VA 23219	Date of Request: _____ Type of Transcript: Undergraduate Number of Copies: _____
<input type="checkbox"/> I will pick up my transcript at the Records and Registration office (picture ID may be required)	

*Transcripts are considered unofficial if envelope seal is broken when received.

Information Release

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the student or parent/ legal guardian (if under 18) authorizes SCHEV, the Virginia College Savings Plan, and the attending institution to mutually disclose personal identifiable information, including the student's social security number and any other educational information necessary to verify student eligibility and scholarship payment arrangements.

Signature _____ Date _____

****SUBMIT THIS FORM TO YOUR INSTITUTION****