## ATTN: P.O.P.E

SCHEV P.O.P.E Section James Monroe Building, 9<sup>th</sup> Floor 101 North Fourteenth Street Richmond, Virginia 23219



Phone: (804) 225-2600 Fax: (804)225-2604 Web: www.schev.edu

## **REQUEST FOR TRANSCRIPT SEARCH**

Name:			Daytime Phone:	()
Name un	der which enrolled (if diffe	erent from above):		
Birth Dat	e://_		Social Security #:	
School Attended	:		Location:	
Email Ad	dress: (we will notify you when w	ve receive your request ):		
Dates of	attendance or graduatior	n:		
Name an	d address where you wa	nt our response sent:		
		Name/Company:		
		Street:		
		Apt/Floor:		
		City:		State:
		Zip code:		
accompany this request. Personal checks are not accepted. PL BELOW. FAXED FORMS WILL NOT BE ACCEPTED.  Return this form and the fee to:  SCHEV Attn: P.O.P.E James Monroe Building 101 North Fourteenth Richmond, Virginia 232		g, 9 <sup>th</sup> Floor Street		
If you hav	e questions, please call us a	at (804) 225-3093.		
Signature:		Da	ate:	
PLEAS	E BE ADVISED:			
	Even though you attended the school named above, we may not have a copy of your record. Should this be the case, we will notify you accordingly.			
	The State Council of Higher Education for Virginia does not act in the capacity of registrar. Consequently, we provide copies of the records we have in storage, not official transcripts.			
	One form must be filled out per request under one name, if requesting search under multiple names, please fill out separate forms and include appropriate fee for each form.			
	For third party requests, please attach a signed release from the student.			
	Transcript requests will be processed within 10-14 business days upon receipt.			