

ATTN: P.O.P.E

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



State Council of
Higher Education for Virginia

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

REQUEST FOR TRANSCRIPT SEARCH

Name: _____ Daytime Phone: (____) _____

Name under which enrolled (if different from above): _____

Birth Date: ____/____/____ Social Security #: ____-____-____

School Attended: _____ Location: _____

Program of Study/Degree earned (if applicable): _____

Dates of attendance or graduation: _____

Name and address where you want our response sent:

Name/Company: _____

Street: _____

Apt/Floor: _____

City: _____ State: _____

Zip code: _____

A \$10.00 non-refundable money order or cashier's check made payable to "Treasurer of Virginia" must accompany this request. Personal checks are not accepted. **PLEASE MAIL FORM AND PAYMENT TO THE ADDRESS BELOW. NO FAXED FORMS WILL BE ACCEPTED.**

Return this form and the fee to: SCHEV
Attn: P.O.P.E
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101 North Fourteenth Street
Richmond, Virginia 23219

If you have questions, please call us at (804) 225-3093.

Signature: _____ Date: _____

PLEASE 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.