

**Sovah - School of Health Professions
(Formerly: Danville Regional Medical Center)
Transcript/Duplicate Degree Request**

137 S Main Street, Danville, VA 24541
Phone: (434)-799-2271 Fax: (434)799-3718
Please allow 7-10 days for processing.

**Unofficial and Electronic transcripts processed by Sovah School of Health Professions are free of charge. Be sure to check with your institution to ensure acceptance of electronic transcripts.*

Student Name: _____

Last name at time of graduation (if different from above) _____

Last Date Attended: _____ Class of: _____ DOB: _____

Phone #: _____ Email Address: _____

Address: _____

Street City State Zip

Official Transcript Request **Unofficial Transcript Request** **Duplicate Degree Request**

Total # copies requested: _____ # Official Copies: _____ # Unofficial copies _____

Fee: \$10.00 per official transcript/degree **Total \$** _____

Pick up _____

Fax _____
Name of business or contact person Fax #

Mail to _____
Name of business or contact person Phone #

Address: _____

Street City State Zip

Please make checks or cashier's check payable to: Sovah - School of Health Professions

| | | |
|---|--------------------------------------|---|
| Charge Card Request by Phone: | | |
| I approve Sovah- School of Health Professions to charge my account in the amount of \$ _____. | <input type="checkbox"/> Master Card | <input type="checkbox"/> Visa |
| | <input type="checkbox"/> Discover | <input type="checkbox"/> American Express |
| _____ | _____ | _____ |
| Card # | Expiration Date | V-Code (3 digit #) |

Note: Failure by the student to pay proper financial obligations may result in the withholding of official transcripts. In accordance with the Family Educational Rights and Privacy Act of 1974. The attached record is being released with the consent of the student. This authorization does not permit you to transmit this information to other individuals, agencies or organizations other than yourself and in order to do so, you must secure the written consent of the student.

Signature _____ Date _____

For School Use:

Picked up Faxed Mailed Date ____/____/____ Total Fee Paid \$ _____

Request Completed By: _____