

**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: \_\_\_\_\_ # Electronic/Unofficial copies \_\_\_\_\_

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

☐ **Pick up**  
☐ **Email to** \_\_\_\_\_  
☐ **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 (Note: please do not provide payment information for unofficial or electronic copies):

I approve Sovah- School of Health Professions to charge my account in the amount of \$ \_\_\_\_\_.

☐ Master Card  
☐ Discover

☐ Visa  
☐ 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 ☐ Emailed ☐ Faxed ☐ Mailed Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Fee Paid \$ \_\_\_\_\_

Request Completed By: \_\_\_\_\_