



RICHMOND
THE AMERICAN INTERNATIONAL
UNIVERSITY
IN LONDON

Office of the Registrar

Queens Road, Richmond, TW10 6JP, UK
Tel. +44 (0)20 8332 8201 Fax: +44 (0)20 8332 3050

Transcript Request Form

Full name: _____ Richmond ID number (if known): _____

Date of birth: _____ Approximate dates of attendance: _____

Contact telephone number/E-mail address: _____

Official transcripts can be sent directly from Richmond or released to students in sealed envelopes

Current Students: Send now: *Hold for final grades:* *Hold until degree confirmed:*

Number of transcripts: ____ to be collected/mailed to: _____
Contact name/dept: _____

Name of University (if applicable): _____

Full postal address: _____

Check box if you require DHL: _____

N.B. If requesting DHL, please provide a telephone number for the ADDRESSEE: _____

Student's signature (students must sign to authorise the release of transcripts): _____

For office use only	Received:	Paid:	Sent:

Fee per transcript (cash or card only): £5.00; additional fee for DHL express mail service (per ADDRESS): £15.00

Total number of transcripts requested: _____ Total fee to pay: _____

Type of card (we do not accept Discover, American Express, or Diners Club cards): _____

Name as shown on card: _____

Billing address _____

Number: _____ Issue number if using Switch or Solo: _____

Expiration date: _____

Cardholder's signature: _____ Date: _____

CARD DETAILS WILL BE DESTROYED ONCE PAYMENT HAS BEEN MADE