VCU P.A.T.H.S. Programs

Transcript Request Form

Section I: (To be completed by the applicant)

The following information must match the information that you have supplied on your online P.AT.H.S. application. Please complete this section fully before providing it to your registrar's office or instition.

FULL NAME (Last, First, Middle Initial) _____

Date of birth (mm/dd/yyyy): _____

Email   Address: _____

Program for which you are applying: _____

Institution Name: _____

Instructions to the academic institution:

Applicants applying to select VCU P.A.T.H.S. programs must submit official transcripts from their current/most recent institution. To be considered official, transcripts must be mailed in their original sealed envelope, or sent digitally from the student's institution via a data warehouse or other electronic method. Institutions may mail the transcript or provide one to the student to forward. No digital transcripts are accepted from students.

Mailing address for transcripts:

VCU P.A.T.H.S. Programs
Box 980006
Richmond, VA 23298

or

Email address for digital transcript access:

seekpathsapp@vcu.edu

If you have questions about this form, please contact the VCU P.A.T.H.S. Team at seekpathsapp@vcu.edu or 804-827-0982.

www.dhsd.vcu.edu