

Transcript Request Form

Name:	Liberty Student ID:		
Previous Name:	Date of Birth (mm/dd/yy):/		
Email:	Phone Number: ()		
Request Information			
Delivery Options:	Special Instructions:		
□ Pickup	☐ Hold for degree		
□ Upload to:	☐ Other:		
☐ Mail to below address			
Attn:			
Address:			
	Quantity Requested:		
Authorization			
Student's Signature:	Date:		
	you give your written consent and authorize the LUCOM Registrar's Office to release yo		

Additional Information

- Submit Request(s) to: College of Osteopathic Medicine, Registrar's Office, 306 Liberty View Lane, Lynchburg, VA 24502 · Fax (434)582-3902 · lucomregistrar@liberty.edu

 If applicable, include a check or money order payable to "Liberty University." If FedEx Overnight* delivery is requested, a shipping charge of \$20 should be added to order. *FedEx will not accept Post Office Box and APO addresses. *\$20 shipping charge only applies to US & Canada addresses. If an international delivery is necessary, please contact the LUCOM Registrar's Office.
- **Cost:** First 10 requested LUCOM transcripts are free and \$5 per copy afterwards. Payment with credit/debit card is accepted. Please call (434) 592-5200 to use this payment method.
- Content: All information present in your ASIST account at the time of fulfillment will be reflected on your transcript. Please note that the ASIST GPA is incorrect and not present on your transcript. All medical level coursework will be included on your transcript. Undergraduate and graduate level coursework at Liberty University, if any, will not be included.
- No additional or unofficial copies of the student's transcript will be issued to the student. If there are changes to your transcript after the initial release, and you wish to have those changes reflected, you must submit a new transcript request form.
- Allow 3-5 business days for processing.

Registrar's Use Only	Processed By:	Date:	
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