

## Transcript Request Form

Student Information			
Jame:	Liberty Student ID:		
revious Name:	Date of Birth (mm/dd/yy)://		
mail:	Graduation Year:		
Request Information			
Delivery Options:			
☐ Mail to:	☐ Upload to ERAS (residency applicants)		
Attn:			
Address:	Upload to VSLO		
	- Promise to the		
	Special Instructions:		
	☐ Hold for degree		
□ Email:			
□ Eman	Quantity Requested:		
Authorization			
tudent's Signature:	Date:		

## **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 GPA will 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: