**Information:** This form is for Federal Investigators to request an official copy of a student transcript. Your request may be faxed to 540-231-5527. Do not complete this form if requesting a certification letter. Please be aware that official transcripts will be mailed and cannot be emailed or faxed.

**\*\*\* THIS FORM MUST BE ACCOMPANIED BY A FAX COVER SHEET AND CANNOT BE ACCEPTED WITHOUT ONE. \*\*\***

**\*\*\* INVESTIGATORS ARE REQUIRED TO PROVIDE A PHOTO ID AND BUSINESS CARD \*\*\***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Investigator Information | | | | | | | |
| Name |  | | | | Date |  | |
| Badge Number |  | | | | | | |
| *Employed By* |  | | | | | | |
| *Mailing Address* |  | | | | | | |
| *City* |  | State |  | Zip Code | | |  |
| *Daytime Phone #* |  | Fax # |  | | | | |
| *Email* |  | | | | | | |

|  |  |
| --- | --- |
| Student Information | |
| Student Name | Student ID # or Social Security # |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| **SIGNED STUDENT RELEASE FORMS MUST BE ATTACHED** | |

|  |  |
| --- | --- |
| **Special Instructions:** |  |

**All investigator and student information fields must be completed, and required attachments included in order to process your request. We are unable to process your request if any of the fields are left blank.**

|  |  |  |  |
| --- | --- | --- | --- |
| Administrative Use Only | | | |
| Received By |  | Date |  |