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Request for Faculty Credentials

(Virginia Tech Use Only)

Acceptance of Use: By signing below, I authorize the Virginia Tech Office of the University Registrar to release two copies of my academic record to my department. I will not incur any charges for these copies and acknowledge this is not a request in order to supply transcripts in order to gain employment.

Information				
Printed Name	Signature	Employee ID		

Deliver Transcripts to:						
Department Name				Mail Code		
Department Contact		Department Signature				