

TRANSCRIPT REQUEST FORM

Transcript requests will be processed in the order in which they are received. Requests are usually prepared in 2 or 3 days; however, requests should be submitted (10 days to 2 weeks) prior to the date needed.

ROUTINE TRANSCRIPTS ARE PROVIDED FREE OF CHARGE.

This office does not issue or reproduce transcripts from other institutions. Requests for transcripts of work taken at other institutions must be directed to the institution concerned.

Most institutions, companies, etc., require transcripts to be mailed directly to them by us to be considered **"OFFICIAL"**. Transcripts are available to former and currently enrolled students but these transcripts are marked **'ISSUED TO STUDENT'**.

NAME AND PRESENT ADDRESS OF STUDENT:

NAME AND ADDRESS TO WHICH TRANSCRIPT IS TO GO:

This authorizes the release of my CVCC record to the person or institution named: Number of Copies _____

Transcript should be mailed:

_____ Now _____ At the end of _____ Semester

Currently enrolled at CVCC _____ Yes _____ No

If not currently enrolled, give last date attended CVCC _____
Quarter/Semester Year

Signature of Student

Social Security Number

Date

NAME AS IT APPEARS ON RECORD, IF DIFFERENT