



Central Virginia Community College Transcript Request

PLEASE PRINT

CVCC Empl ID:		Date of Birth:	
Last:	First:	Middle:	
Street Address:			
City:	State:	Zip:	
Daytime Phone (include area code):			
Name (if different) during enrollment:			

SEND TRANSCRIPT TO:

Office/Person:		
Name of College:		
Street Address:		
City:	State:	Zip:

<input type="checkbox"/> Send transcript as soon as possible
<input type="checkbox"/> Hold transcript for current semester grades
<input type="checkbox"/> Send when high school/dual enrollment grades are posted
I am requesting an: <input type="checkbox"/> Official Transcript (<i>sent directly to college listed above</i>)
<input type="checkbox"/> Official Transcript (<i>for pick-up</i>)
<input type="checkbox"/> Official Transcript (<i>mailed to student in sealed envelope</i>)
<input type="checkbox"/> Unofficial Transcript (<i>for student use</i>)

Allow 3-5 days for processing. I hereby authorize the release of my CVCC transcript.

Student's Signature

Date

Submit form to: CVCC Office of Admissions & Records
3506 Wards Road, Lynchburg, VA 24502
(or) Fax to 434/832-7793.

Records Office Use only: Processing Clerk: _____ Date: _____
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