



Central Virginia Community College Transcript Request

PLEASE PRINT

CVCC Student 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:

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

Check all that Apply:

- Send transcript as soon as possible
- Hold transcript for current semester grades
- Send when high school/dual enrollment grades are posted

- I am requesting an:**
- Official Transcript *(sent directly to college listed above)*
 - Official Transcript *(for pick-up)*
 - Official Transcript *(mailed to student in sealed envelope)*
 - Unofficial Transcript *(for student use)*

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: _____