



Central Virginia Community College Transcript Request

PLEASE PRINT

Social Security Number (Optional) or 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:

- 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:** _____