TRANSCRIPT REQUEST FORM

Student records are confidential and governed by the FERPA (Family Educational Rights and Privacy Act) law. Transcripts are issued only at the authorized request of the student. Transcript Requests will be processed when an authorized request is received in the Office of the Registrar. All written requests require the requestor’s signature. Telephone and E-mail requests are not accepted. (Allow 2 - 4 business days for processing.)

Transcripts may be faxed, mailed, or both per the request of the student. A faxed copy is an unofficial copy. VTCSOM is unable to release transcripts received from other colleges or Universities. Transcripts from other institutions must be obtained from the originating institution.

Part I: Student Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
<th>Last</th>
<th>First</th>
<th>Middle/Maiden</th>
<th>Phone No:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Birth: ____________________________ Phone No: ____________________________

Address: __________________________________________

City: __________________________________ State: ___________________ Zip: ___________

Email: _______________________________________

I am currently attending VTCSOM: □ Yes □ No Dates of VTCSOM Attendance: ____________________________

Month/Year to Month/Year

I am requesting an □ Unofficial □ Official Graduation Date: ____________________________

copy of my transcript Month/Year

Part II: Desired Service

□ Hold for pickup Pickup date: ____________________________

□ Send now

□ Hold for most recent semester grades *(Processing can take up to two weeks after end of semester).*

□ Hold for degree posting *(Processing can take up to one Week after graduation date).* Indicate expected date of graduation: ____________________________

□ I have a special deadline: ____________________________

□ Fax to the Following Fax # ____________________________ *(I understand a faxed copy is an unofficial copy)*

Reason for request: Employment □ Scholarship □ Other □ ____________________________

Indicate reason for transcript

Please mail ____ copies to the address below:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State/Country:</th>
<th>Zip/Postal Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature (required): ____________________________ Date: ____________________________

*(request will NOT be processed without signature of student/graduate)*

Office Use Only