



# SOUTHWEST VIRGINIA COMMUNITY COLLEGE

## TRANSCRIPT REQUEST FORM

PO BOX SVCC RICHLANDS, VA 24641 FAX: 276/964-7716 PHONE: 276/964-7238

(PLEASE ALLOW ONE WEEK FOR PROCESSING)

PLEASE COMPLETE ALL SECTIONS EXCEPT SHADED AREA

### STUDENT INFORMATION:

EMPLID OR SOCIAL SECURITY NUMBER

PHONE NUMBER

LAST NAME

FIRST NAME

MAIDEN NAME

MAILING ADDRESS (PO BOX OR STREET)

CITY

STATE

ZIP

### MAIL TRANSCRIPT TO:

OFFICE OR PERSON

NAME OF COLLEGE OR FIRM

MAILING ADDRESS (PO BOX OR STREET)

CITY

STATE

ZIP

### PURPOSE OF RELEASE:

Transcript(s) should be sent: \_\_\_\_\_  
Date

Hold until current semester grades are posted

Hold until graduation data is posted

Send as soon as possible

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_

Checked Photo ID

I authorize release of my records to my High School and from my future colleges to SWCC for official follow-up studies (Line through this statement if you disagree)

I give permission for SWCC to release the specified information to the recipient listed above.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\*Note: SWCC does not release transcripts of high school records or from other institutions.