



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 <input type="checkbox"/>

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)

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.