



VWCC Records Office • 3094 Colonial Ave., SW • Roanoke, VA 24015-4704  
 Fax: 540-857-6102 • Email: records@virginiawestern.edu

FIRST Name: \_\_\_\_\_

LAST Name: \_\_\_\_\_

Previous Name (if any): \_\_\_\_\_

**STUDENT INFORMATION**

Empl ID and SSN	Empl ID:	Last 4 of SSN *
Current Phone Number	xxx-xx _____	
Birthdate	____ / ____ / ____	
Last Year Enrolled at VWCC		
Current Street Address		
City:	State:	Zip:

1.  Request an **Official** transcript sent to the college/organization below:

Name of College or Organization	
Office/Department	
Address	
City	
State	
Zip	

**PLEASE SEND MY RECORDS:**

- As soon as possible
- At end of current semester when grades are available
- After graduation information is available

2.  Request an **Unofficial** transcript to be sent to the Student

3.  Request an **Official** transcript to be sent to the Student

\* See Privacy Statement which can be obtained in the Enrollment Center/Records Office

***Official Transcripts Cannot be Faxed-***

Comments: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Transcripts are not available for immediate pickup. Every effort will be made to mail the transcript within 5 business days of receipt of request. This time may be extended during peak times (i.e., end of semester and/or graduation). You will be notified, through Message Center in your MyVWCC account, once your request has been processed. If your VCCS account is no longer active, there is no notification that your request has been processed.

# **TRANSCRIPT REQUEST INFORMATION**

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**Student Name:** \_\_\_\_\_

Request an **Official** transcript sent to the college/organization below:

<b>Name of College or Organization</b>	
<b>Office / Department</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	<b>Zip:</b>

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<b>Office / Department</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	<b>Zip:</b>

**Students may not request more than five official transcripts in a calendar month**