



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 * xxx-xx_____
Current Phone Number		
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

Transcripts Cannot be Faxed-

Comments: _____

Student Signature: _____ Date: _____

- 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 If your VCCS account is no longer active, there is no notification that your request has been processed.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

Page 2

Student Name: _____

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

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Office / Department	
Address	
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State	Zip:

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State	Zip:

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

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