

This form is completed when a current or former VPCC student wishes to request official copies of their academic records. Students can fill this out if they wish to have transcripts mailed to themselves, a specific institution or office, or for student pickup. Please note that students can request up to three (3) official copies per day.

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ID#\*: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

\*last 4 of SSN if ID is unknown

Former Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Are you currently enrolled at Virginia Peninsula Community College?  Yes  No

If not currently enrolled, provide semesters of attendance if not currently enrolled: \_\_\_\_\_ to \_\_\_\_\_

**Indicate Delivery Method:** Send as soon as possible  Hold for current semester grades to be posted Student Pickup  Hold for current degree/certificate to be posted**Mail Transcript To:**

School/Business: \_\_\_\_\_

Office or Person: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

No. of transcripts to be sent (limit 3): \_\_\_\_\_

*In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your signature is required to authorize release of your transcript(s). I certify below that I am providing my legal signature.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_