

VALENCIA COMMUNITY COLLEGE TRANSCRIPT REQUEST FORM

Date: _____

Student I.D. Number (S.S. #) _____

Last Name _____ First Name _____ Middle Initial _____ Birth Date _____

Street Address _____

City _____ State _____ Zip _____ Telephone (____) _____

******Transcripts will not be released until accounts with the Finance Office and the Library are cleared.******

If you are an active student, please use your ATLAS account to make this request.

Please Check ALL Appropriate Boxes

When do you want your Transcript(s) processed?

- Immediately
- After Final Grades (Session _____)
- After Degree is Posted on Transcript (Session _____)
- After Grade Change for Course _____ . Grade Changed from _____ to _____

Please print clearly in the provided window space, the complete name and address of where you want your transcript sent. Fill out a separate request form for each address to which you are sending transcripts.

This request cannot be processed without your signature.

Student Signature

Total NUMBER _____ of Transcripts to be MAILED to:

FOR OFFICE USE ONLY
Completed by: _____
Date: _____
Home Campus: _____