

TRANSCRIPT RELEASE REQUEST FORM

The Family Educational Rights and Privacy Act of 1974 prohibits release of student information without the *student's written consent*. To release your transcript, please complete this form and mail to: Transfer Clerk, CCV, PO Box 489, Montpelier, VT 05601-0489 or fax to 802-828-2947. *You may also scan and email your signed form to registrar@ccv.edu.*

All requests are processed upon receipt unless the student indicates the transcript should be held pending current semester grades, or for graduates, verification of their degree. *Please indicate your preference:*

- ☐ Hold for current semester grade(s). ☐ Hold for degree verification. ☐ Send transcript now.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name _____ Date of birth _____

Signature (*required*) _____

Other names under which you may have attended CCV or another Vermont State College:

ID# or last four digits of SS# _____

Daytime phone number _____

Mailing address _____

Did you take any CCV courses prior to fall 1986? ☐ yes ☐ no

PLEASE SEND MY CCV TRANSCRIPTS AS INDICATED BELOW:

Choose ONE option:

☐ US Mail Name/Institution _____

Address _____ City _____ State _____ Zip _____

☐ Fax number* _____

☐ E-mail address* _____

Choose ONE option:

☐ US Mail Name/Institution _____

Address _____ City _____ State _____ Zip _____

☐ Fax number* _____

☐ E-mail address* _____

**Some recipients will not accept official transcripts by fax or email. Confirm with your recipient before requesting these options.*

ALL FINANCIAL OBLIGATIONS TO THE COLLEGE MUST BE MET BEFORE A TRANSCRIPT WILL BE RELEASED.