



OFFICE OF EXTERNAL PROGRAMS (OEP)
ASSESSMENT OF PRIOR LEARNING (APL)

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. *You must sign it* or we cannot process the request. There is no charge for transcripts. If you have any questions, call Diane Konrady at 802-828-4064.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name: _____ **Date of Birth:** _____

Signature (Required) _____

Other names under which you may have attended APL:

Current address: _____

Daytime phone number: _____ **Email:** _____

Last four digits of your Social Security number: _____

Year and semester you took the Assessment of Prior Learning course: _____
(Formerly titled Educational Assessment and Portfolio Preparation)

PLEASE SEND MY APL TRANSCRIPT TO:

Name _____

Name _____

College _____

College _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Please send an unofficial, student copy to myself (optional)

Mail completed, signed form to:
Diane Konrady, Records Specialist
Office of External Programs
32 College Street, Montpelier, VT 05602

or fax to 802-828-2801

Your APL and CCV transcripts are separate and require different request forms and processing.

To request a **CCV transcript**, make a request, in writing, to Transfer Clerk, CCV, PO Box 489, Montpelier, VT 05601 or fax to 802-828-2947.