



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.

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 _____

Please Note: All student records are maintained electronically except courses taken prior to the Fall 1986 semester, which are stored in paper form in the records archive.

Did you take any CCV courses prior to Fall 1986? Yes No

PLEASE SEND MY CCV TRANSCRIPT TO:

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

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