



1584 Wesleyan Drive
Norfolk, Virginia 23502
Phone: (757) 455-3358 • Fax: (757) 461-0370

(PLEASE PRINT OR TYPE)

Student ID No. XXX - XX - \_\_\_\_\_

Name, home address, phone number and email of student.

Form with dotted lines for name, address, phone, and email. Includes a note: (Email address - for ELECTRONIC transmittal notifications ONLY - please print clearly)

NOTE:

- 1) Financial obligations to the College must be satisfied.
2) One request per form.
3) Transcript requests by telephone can NOT be honored.
4) Allow 1-3 business days for processing. Additional time may be required at the start and end of semesters.

CHECK ALL THAT APPLY:

- To be picked up (photo ID required - we will hold for 3 business days after which transcript(s) will be placed in the mail)
Hold for current semester's grades
Send ELECTRONIC transcript via eSCRIP-SAFE™
Hold until degree posted
Mail as soon as possible
Issue in separate, sealed envelopes

Print plainly in the box below, the name, title, and address of the person and/or institution to whom you wish to have this transcript sent. Correct and legible address is student's responsibility.

Form with dotted lines for name, title, address, and email. Includes a note: (Email address - for ELECTRONIC transmittal notifications ONLY - please print clearly)

REASON TRANSCRIPT IS NEEDED:

- Transfer to another college
Scholarship application
Other
Employment
Personal use

Other Names Used

Signature

Date of Request