Victor Valley College
18422 Bear Valley Road
Victorville, CA 92395-5850
(760) 245-4271
www.vvc.edu

Academic Transcript Request

Please print clearly.

- Transcripts will not be processed for students with unpaid debts or other outstanding obligations to the College.
- Submit a separate request for each addressee.
- Requests by persons other than the student will require the student's written authorization and photo ID.
- **NOTE**: Only the work taken at Victor Valley College will show on the transcript.

Last Name	First Name	Middle	VVC ID or SSN

Indicate any other name(s) used while in attendance	Date of Birth

Student's Current Street Address or Post Office Box

City	State	Zip	Telephone

☐ Currently Enrolled ☐ Not Currently Enrolled ➡ Dates of Attendance _____ to _____

Mail transcript(s) to: *or* ☐ **Hold for pick up**

_____

_____

_____

_____

Transcript Type: ☐ Official ☐ Unofficial

Number of Copies:_____

Transcript Fee: (mark one)

- ☐ First 2 ever requested are free (processed in 2-3 weeks)
- ☐ $5 regular transcript (processed in 2-3 weeks)
- ☐ $10 rush transcript (processed in 1-5 working days)

Credit Card Number _____

Exp. Date _____

Type of Credit Card _____

Name on Credit Card:_____

Signature_____

Special Instructions:

☐ Send transcript after current grades are posted: ☐ Fall ☐ Winter ☐ Spring ☐ Summer

☐ Send transcript showing recent completion of degree in: Major:_____ Semester/Year:_____

☐ Send transcript after grade change is made in _____ _____
Course *Semester*

Victor Valley College is performing an exit survey in accordance with the Student Right-to-Know Act.
This information will be kept confidential.

Which of the following best describes the reason for this transcript request? (Check one)

☐ Transferring to another college or university. Name of college/university? _____

☐ Service/Armed Forces requirement: ☐ Employment requirement (other than service/armed forces)

☐ Other _____

I hereby authorize the release of my Victor Valley College transcript(s) as indicated above.

_____ _____
Student Signature *Date*

For Office Use Only

Date Received _____ Office Initial _____

Amount Paid _____ Receipt # _____ Date Sent _____

08/07