



REQUEST FOR ACADEMIC TRANSCRIPT

(Please print. Please allow 7-10 business days processing time. Financial obligations (holds) to the College must be cleared before request can be honored. ESCC does not release transcripts or copies of transcripts from other colleges.)

Name:	Date:
Address:	Student ID or SSN:
City: State: Zip:	Date of Birth:
Phone Number:	Email Address:

-
- Current Student
 Not Current Student Last Attended Date: _____

PLEASE HOLD OR SEND REQUEST:

- | | |
|--|---|
| <input type="checkbox"/> Immediately
<input type="checkbox"/> Fall Semester
<input type="checkbox"/> Summer Semester
<input type="checkbox"/> Spring Semester | <input type="checkbox"/> Please hold for degree conferral

Number of Copies _____ |
|--|---|

I HEREBY AUTHORIZE THE EASTERN SHORE COMMUNITY COLLEGE TO RELEASE ACADEMIC TRANSCRIPT BY WAY OF:

- Pick Up at the Registrar’s Office (If picking up, please do not complete the bottom of this form, ONLY SIGN)
 Mail to address below

Mail Transcript To: _____

Please enter complete address.

Street Address or P.O. Box: _____

City: _____ State: _____ Zip: _____

*Student’s Signature: _____
>(*Request without a signature WILL NOT be processed.)

Office Use Only: Date Received: _____ Date Sent: _____
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29300 Lankford Highway, Melfa, VA 23410
 Office of the Registrar: 757.789.1729 or Fax 757.789.1737
 To scan and send: registrar@es.vccs.edu
 For questions: 757-789-1729
 Virginia Community College System – Equal Opportunity Institution – Home Page: <http://www.es.vccs.edu>