



## 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.)

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

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**Current Student**  
 **Not Current Student**                      **Last Attended Date:** \_\_\_\_\_

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**PLEASE HOLD OR SEND REQUEST:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Immediately</b><br><input type="checkbox"/> <b>Fall Semester</b><br><input type="checkbox"/> <b>Summer Semester</b><br><input type="checkbox"/> <b>Spring Semester</b> | <input type="checkbox"/> <b>Please hold for degree conferral</b><br><br><b>Number of Copies</b> _____ |
|--|---|
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**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**
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**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.)

<b>Office Use Only: Date Received:</b> _____ <b>Date Sent:</b> _____
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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>