

# VERMONT TECH

Office of the Registrar

PO Box 500

Randolph Center, VT 05061-0500

(802) 728-1302 Fax: 728-1597 registrar@vtc.edu

## TRANSCRIPT REQUEST

Student name: \_\_\_\_\_ ID number: \_\_\_\_\_  
(please print) (student ID or SSN)

Former name(s): \_\_\_\_\_

Last or current program: \_\_\_\_\_  
(major) (site or campus) (year)

Current address: \_\_\_\_\_  
\_\_\_\_\_  
(city) (state) (zip)

email: \_\_\_\_\_

phone: \_\_\_\_\_  Home  Work  Cell/mobile

Request: ++++++

Official transcript(s) \_\_\_\_\_  Unofficial copy  Student will pick up

Hold until current term grades are posted

Send in a sealed envelope to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax copy to attn of: \_\_\_\_\_  
(name) (fax number)

Additional instructions: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ (required) \_\_\_\_\_ (date)

There is a \$5.00 charge for each transcript. Enclose check, money order or provide credit card information below:

Office use:	Date produced/sent: _____	<input type="checkbox"/> Issued to student/picked up	<input type="checkbox"/> TRRQ _____
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Student name: \_\_\_\_\_ ID number: \_\_\_\_\_

Name on credit card: \_\_\_\_\_ Card number: \_\_\_\_\_

Card holder address: \_\_\_\_\_  
(street and city) (state) (zip)

Type card:  MasterCard  Visa  American Express Expiration date: \_\_\_\_\_

Amount to charge card: \$ \_\_\_\_\_ Card holder signature: \_\_\_\_\_