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|---|
| <input type="checkbox"/> Holds Cleared |
| <input type="checkbox"/> Transcript Fees Paid |
| Receipt # _____ |
| Address Change: <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Employee Initials _____ |
| <input type="checkbox"/> EC <input type="checkbox"/> OC <input type="checkbox"/> WC |

TRANSCRIPT REQUEST FORM

THIS FORM IS ONLY TO BE USED IF PAYING THE TRANSCRIPT FEE(S) WITH CHECK OR MONEY ORDER.

Please make check or money order payable to: Valencia College

PLEASE NOTE - Transcripts will not be released if:

1. There is a hold on your student record.
2. There is a pending balance with the Finance Office or the Library.
3. The non-refundable transcript fee of **\$3.00 per transcript** has not been paid.

Student Valencia ID/Social Security Number

Date

Last Name (At the time of your attendance)

First Name

Middle Initial

Date of Birth

Street Address

City

State

Zip

Telephone

Can we use this to update your address? Yes No

When do you want your transcript(s) processed? (Please check one)

- Immediately
- Hold for Final Grades (Must be requested before the last day of the term.)
- Hold for Degree (Must be requested before the last day of the term.)

You must sign this form before your request may be processed.

Student Signature

Total Number of Transcripts

Please print clearly, in the space below, the complete name and address of where you want your transcript(s) sent. Fill out a separate request forms for each address to which you are sending transcripts.

MAILING ADDRESS FOR TRANSCRIPT(S)

| |
|---------------------|
| Institution Name: |
| Contact/Dept. Name: |
| Address: |
| City, State Zip |

This form can be mailed to:

Valencia College
Attn: Business Office, Mail Code 4-6
1800 S. Kirkman Road Orlando, FL 32811