Transcript Request Form

Name: _____

Last 4 Digits of your SS#: _____

Former Name(s) (if applicable)**:**_____

Currently Enrolled: _____yes _____no **If no, last semester attended:**_____

Current Address:_____

_____

_____

Current Phone #: _____

Current Email: _____

# of copies: official ($10/copy)_____ unofficial (no charge)_____

Please update my Alumni records: _____

Transcripts to be processed: Immediately_____
After current semester_____
After degree date posted_____

Payment: ___Check ___Cash ___Mastercard ___Visa ___Discover **Sorry, no Amex**

Card#_____ Exp. Date ___/___/___

Mail transcript(s) to: (attach additional sheets if necessary)

_____

_____

_____

_____

Student Signature:_____**Date:**_____

Return completed form to:

Registrar's Office
Southern Vermont College
982 Mansion Drive
Bennington, VT 05201-6002

OR

FAX: 802-447-4695
Attention: Registrar's Office

For Official Use Only

Date Received:_____ Fee:_____
Date Mailed: _____
Graduate: _____yes_____no