



**SOUTHERN VERMONT COLLEGE
TRANSCRIPT REQUEST FORM**

Name: _____ **SS#:** _____ - _____ - _____

Former Name(s) (if applicable): _____

Currently Enrolled: ____yes ____no **If no, last semester attended:** _____

Current Address: _____

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 _____

Please allow up to 2 (two) weeks for processing!

Payment: ____ Check ____ Cash ____ Mastercard ____ Visa **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