

This form is completed when a current or former VPCC student wishes to request official copies of their academic records. Students can fill this out if they wish to have transcripts mailed to themselves or a specific institution or office. Please note there is a fee of \$10.00 per copy. Please make checks/money orders payable to Virginia Peninsula Community College.

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**ID#\*:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_ **Last Name:** \_\_\_\_\_

\*Last 4 of SSN if ID is unknown

**Former Name (if applicable):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_**Address:** \_\_\_\_\_  
Street\_\_\_\_\_  
City State Zip

Are you currently enrolled at Virginia Peninsula Community College? ☐ Yes ☐ No

Are you a dual enrolled student? ☐ Yes ☐ No

If not currently enrolled, provide semesters of attendance if not currently enrolled: \_\_\_\_\_ to \_\_\_\_\_

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**Indicate Delivery Method:**

☐ Send as soon as possible ☐ Hold for current semester grades to be posted

☐ Hold for current degree/certificate to be posted

**Mail Transcript To:****School/Business:** \_\_\_\_\_**Office or Person:** \_\_\_\_\_**Complete Mailing Address:** \_\_\_\_\_

Street

\_\_\_\_\_  
City

State

Zip

**No. of transcripts to be sent** \_\_\_\_\_

*In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your signature is required to authorize the release of your transcript(s). I certify below that I am providing my legal signature.*

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_