PHCC TRANSCRIPT REQUEST FORM

In accordance with the Family Educational Rights & Privacy Act of 1974, a student’s academic record can only be released upon written authorization by the student. By law, the request must include the student’s signature and date. Students desiring record release to anyone other than themselves (including a parent) must indicate such in writing. This may be included in the requestors comment section or by attaching a written statement.

Want your transcript delivered fast? Go to www.parchment.com and make your request. It’s fast, easy and your transcript is delivered to your desired recipient electronically for only $3.00. Not interested? Then proceed with completing the information below and your request will be processed and mailed within 3 business days. There is no fee associated with transcripts requested using this form.

SECTION I: STUDENT INFORMATION

(Please write legibly and do not leave any information blank)

___________________________________________ ____________________________
Students Name (First, MI, Last)             Students ID# -OR- Social Security

___________________________________________ ____________________________
(Mailing Address)                         (City)                          (State)                          Contact # (home or cell)

Last year of attendance: ____________________________

SECTION II: PREFERENCE INFORMATION

I am requesting a □ Official transcript

I am requesting a □ Unofficial transcript

This option is only for students who do not have access to print their own unofficial transcript via their student information system.

I would like the above checked item (s):

□ As soon as possible
≥-or-
□ At the end of the current semester once grades are posted
≥-or-
□ Once my degree is conferred

SECTION III: RECIPIENT INFORMATION

□ I would like for the records office to mail the checked item above to the following address: (request without complete mailing address will not be processed). If you require multiple transcripts sent to different recipients, please use a separate form for each.

___________________________________________ ____________________________ ____________________________
(Name of Recipient/Institution/Organization)   

___________________________________________ ____________________________
(Street Address)             

___________________________________________
(City)                          (State)                          (Postal) 

Requestors Comments: __________________________________________________________

Requestors Signature: ____________________________ Date: ____________________________

This form can be returned via one of the following methods:

Mailing: 645 Patriot Avenue Martinsville VA, 24112-6693 • Fax: 276-656-0352 or 276-632-0183 • Scan to email: vriddle@patrickhenry.edu.