

Chippewa Valley Technical College

Transcript Request Form

620 West Clairemont Avenue, Eau Claire, WI 54701-6162

Telephone Number 715-833-6200 or 1-800-547-2882 Ext 6200 Fax Number 715-833-6470 www.cvtc.edu

PLEASE NOTE:

- Failure to provide all requested information will result in the delay of processing your request. Please be sure to sign this form before mailing or fax it to Chippewa Valley Technical College. Failure to complete this form in its entirety and sign your request will result in the form being returned to you.
- A Photo ID is required when picking up a transcript.
- We are unable to accept telephone or e-mail request for transcripts.
- Every effort is made to process your request within 48 business hours, however, this is not guaranteed.
- Transcripts will not be processed for anyone who has unpaid fees owed to the college.

PART I – STUDENT INFORMATION (Must be completed in its entirety):

Legal Name: _____ Please release _____ Transcript/s to me
Last, first and Complete Middle Number
@ And/or _____
CVTC Student ID Number Social Security Number Date of Birth

Current Home Mailing Address (Road, Highway, Street, P.O. Box)

City, State, Zip Code

Home Telephone Number

Work Telephone Number

PART II – SECOND PARTY (Must be completed if transcript is going to a second party, employer, college, or university)

If you need your transcript to further your education, it is highly suggested you have the transcript issued to the college or university you will be attending as many will not accept a transcript that has been issued to the student.

Second Party Name Please release _____ Transcript/s to second party
Number

Mailing Address (Attention or Dept., Road, Highway, Street, P.O. Box)

City, State, Zip

PART III - PROCESSING TIME OPTIONS (Check all that apply)

Normal 48-hour business-day turn-around processing time (\$5 charge per transcript) EMERGENCY RUSH processing requested (\$5 additional charge if transcript must be processed without a 48-hour business-day notice) HOLD for current term final grades HOLD for graduation (degree) posting for _____ Program

PART IV – MAILING AND PICK-UP OPTIONS (Check all that apply)

Please mail to me I will pick-up transcript issued to me Second party may pick-up transcript
 Please mail transcript issued to me in separate envelopes I will pick-up transcript issued to me in a sealed envelope
 Please mail transcript issued to second party to my current home mailing address I will pick-up transcript issued to second party in a sealed envelope Name of second party allowed to pick-up my transcript
 Please mail to second party address

PART V – PAYMENT OPTIONS

Cash MasterCard Discover VISA
 Check _____ \$
Check Number Card Number Expiration Date Authorized Amount

Required Student Signature:

For Office Use Only			
Holds:	Date Received:	Owes: \$	Paid: \$
Ordered: <input type="checkbox"/>	Date Processed for Pick-up:	Date Processed & Mailed:	