

CHIPPEWA VALLEY TECHNICAL COLLEGE

This transcript request form is only for those who took and completed the GED/HSED with CVTC. If you tested at another center (such as: UW-Stout, UW-River Falls, or the Eau Claire County Jail), you must request your transcript through the Department of Public Instruction (DPI) in Madison, Wisconsin.

Instructions for requesting your GED/HSED from DPI-Madison are located at the following web site: <http://www.dpi.state.wi.us/dpi/dlsis/let/trnscript.html>

**CHIPPEWA VALLEY TECHNICAL COLLEGE
620 W. Clairemont Avenue, Eau Claire, WI 54701
GED/HSED TRANSCRIPT REQUEST FORM**

\$	\$
Balance Due	Paid

GED/HSED transcript will be issued when the **student's signature is obtained** and all obligations to CVTC are fulfilled. Requests will be processed within 48 hours if possible. Failure to complete this form in its entirety may result in delay of processing your transcript. **There is a \$5.00 charge per copy, \$15.00 for same-day, rush processing. There is no charge for credential verification to CVTC Admissions Office. A certificate is needed for petitioning to the Nursing Program.**

_____	_____	()	()	_____	_____
ID Number (Soc. Sec. No.)	Date of Birth	Home Phone Number	Work Phone Number	# of Copies	GED or HSED

_____	_____	_____	_____
Last Name	First Name	Middle Name	Maiden or Other Surname(s)

Current Mailing Address (Street and/or PO Box, City, State, & Zip Code)

Processing Instructions: (check all appropriate boxes below)	
<input type="checkbox"/> I will pick-up in person at the E.C. Clairemont Campus	Second Party Mailing Address (below):
<input type="checkbox"/> Please mail to me	
<input type="checkbox"/> Please mail to second party address (at right) →	
<input type="checkbox"/> Please verify completion to CVTC Admissions (NO CHARGE) Not an option for Nursing Program Petitioners	
Signature: _____	Date: _____
THIS RECORD MAY NOT BE RELEASED TO ANYONE WITHOUT THE STUDENT'S WRITTEN PERMISSION	

Print, complete, and mail this request, together with cash, check, or money order payable to CVTC, to:

- OR -

**FAX to:
Please include your VISA, Discover, or Master Card number and expiration date.**

CVTC
Attention: GED/HSED Testing Center
620 W. Clairemont Avenue
Eau Claire, WI 54701-6162

715-833-6470
Attention: GED/HSED Testing Center