

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 and payment will result in the delay of processing your request. Please be sure to sign this form before mailing or faxing it to Chippewa Valley Technical College. Failure to sign and/or enclose payment with your request will result in the request being returned to you.

·A Photo ID is required when picking up a transcript.

·We are unable to accept telephone or e-mail requests for transcripts due to the requirement of a written signature.

·Every effort is made to process your request within 48 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: _____ Last, First and Complete Middle	Please release _____ transcript/s to me Number of Copies	
@ _____ CVTC Student ID Number	and/or _____ Social Security Number	_____ Date of Birth
Current Home Mailing Address (Road, Highway, Street, P.O. Box)		
City, State, Zip Code		
_____	_____	_____
Home Telephone Number		Cell Phone 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. *Many educational institutions will not accept a transcript that has been issued to the student.*

Please release _____ transcript/s to: Number of Copies	_____
	Second Party Name
Mailing Address (Attention or Dept., Road, Highway, Street, P.O. Box)	
City, State, Zip Code	

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

<input type="checkbox"/> Normal 48-hour turn-around processing time (Enclose \$5 per transcript requested)	<input type="checkbox"/> Emergency Rush (Enclose \$15 per transcript requested. Transcript will be processed within 24-hours)	<input type="checkbox"/> Hold for current term final grades	<input type="checkbox"/> Hold for graduation (degree) posting
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PART IV – HANDLING OPTIONS (Check all that apply)

<input type="checkbox"/> Please mail to me	<input type="checkbox"/> Mail to second party	<input type="checkbox"/> I will pick-up	<input type="checkbox"/> Second party may pick-up	_____
				Name of second party who has permission to pick-up

PART V – PAYMENT OPTIONS

<input type="checkbox"/> Cash	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> VISA	
<input type="checkbox"/> Check	_____	_____	_____	_____
	Check Number	Card Number	Expiration Date	Authorized Amount

→ **Student Signature:** _____

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