

<input type="checkbox"/> Holds Cleared
<input type="checkbox"/> Transcript Fees Paid
Receipt # _____
Address Change: <input type="checkbox"/> Y or <input type="checkbox"/> N
Employee Initials _____
<input type="checkbox"/> EC <input type="checkbox"/> OC <input type="checkbox"/> WC

## TRANSCRIPT REQUEST FORM

THIS FORM IS ONLY TO BE USED IF PAYING THE TRANSCRIPT FEE(S) WITH CHECK OR MONEY ORDER.

Please make check or money order payable to: Valencia College

### PLEASE NOTE - Transcripts will not be released if:

1. There is a hold on your student record.
2. There is a pending balance with the Finance Office or the Library.
3. The non-refundable transcript fee of **\$3.00 per transcript** has not been paid.

\_\_\_\_\_  
Student Valencia ID/Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last Name (At the time of your attendance)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

Can we use this to update your address?  Yes  No

When do you want your transcript(s) processed? (Please check one)

- Immediately
- Hold for Final Grades (Must be requested before the last day of the term.)
- Hold for Degree (Must be requested before the last day of the term.)

You must sign this form before your request may be processed.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Total Number of Transcripts

Please print clearly, in the space below, the complete name and address of where you want your transcript(s) sent. Fill out a separate request forms for each address to which you are sending transcripts.

### MAILING ADDRESS FOR TRANSCRIPT(S)

_____ Institution Name:
_____ Contact/Dept. Name:
_____ Address:
_____ City, State Zip

This form can be mailed to:

Valencia College  
Attn: Business Office, Mail Code 4-6  
1800 S. Kirkman Road Orlando, FL 32811