



**OFFICIAL TRANSCRIPT REQUEST FORM**

*The Family Educational Rights and Privacy Act (FERPA) protects your educational records. In compliance with this law, Valor Christian College requires a signed, written request to release your transcript to you or to another party. Submit the completed form below, with the \$5 processing fee, allowing 3-5 business days for normal processing.*

**All information must be provided in order to process request.**

**First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_  
(Maiden if applicable)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Currently enrolled

Withdrawn: last year attended: \_\_\_\_\_

Alumni: year of graduation: \_\_\_\_\_ Program of study: \_\_\_\_\_

**Name and address of person or institution you wish to receive transcript:**

**Name of school / other:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Attention:** \_\_\_\_\_

**Address:** \_\_\_\_\_

I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize Valor Christian College to release my transcript as noted. I understand all financial obligations to Valor Christian College must be cleared before the transcript can be released.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Card Type (please circle):</b>	<b>Visa</b>	<b>MasterCard</b>	<b>American Express</b>	<b>Discover</b>
<b>Name on Card:</b>	_____		<b>Expiration Date:</b> _____	
<b>Card Number:</b>	_____		<b>3 digits on back of card:</b> _____	
<b>Signature:</b>	_____		<b>Number of transcripts desired:</b> _____	

Office Use Only: Form Received: _____ Paid: _____ Payment # _____ Date Sent: _____
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