



PH: 804-751-9191
FAX: 804-751-2599
751 West Hundred Road
Chester, Virginia 23836

Transcript / Diploma Request Form

STUDENT NAME

Last First MI / Former Name Student ID/ Last four of SS#

Street Address

Daytime Telephone

City State Zip

Home Telephone

CURRENTLY ENROLLED: YES NO

PLEASE CHECK ALL THAT APPLY:

Unofficial Transcript Number of Copies: _____
Official Transcript Number of Copies: _____
Diploma Number of Copies: _____

- Mail Transcript
- Pick up Transcript
- Chester Campus
- Richmond Campus
- Charlottesville Campus
- Graduate - Year: _____
- Remarks: _____

Date of Request: _____

MAIL TRANSCRIPT / DIPLOMA TO:

1st Copy

Additional Copies

**** NOTE:** Transcripts/ Diplomas will not be released without the student's signature **or** if the student has an outstanding financial obligation to the college.**

STUDENT SIGNATURE: _____

Please allow up to 30 Days for processing.
CCC charges a \$5.00 fee per request for Official Transcripts and Diplomas

*Office Use Only:	Date Received: _____	Amount/Date Paid: _____
	Date Approved: _____	Date Denied: _____