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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: \_\_\_\_\_

☐ Mail Transcript

Official Transcript ☐ Number of Copies: \_\_\_\_\_

☐ Pick up Transcript

Diploma ☐ Number of Copies: \_\_\_\_\_

☐ Chester Campus

☐ Richmond Campus

☐ Charlottesville Campus

Date of Request: \_\_\_\_\_

☐ Graduate - Year: \_\_\_\_\_

☐ Remarks: \_\_\_\_\_

**MAIL TRANSCRIPT / DIPLOMA TO:**

1<sup>st</sup> 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. Transcript fees are NON-REFUNDABLE\*\*.

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: \_\_\_\_\_