



Advising & Registration Center
P.O. Box 670
Burlington, VT 05402-0670
Phone: (802) 860-2777
Fax: (802) 860-2774

TRANSCRIPT REQUEST FORM

Please allow five days for processing (two weeks at beginning and end of semester).

Your name:

Name under which you attended:

Student ID or Social Security number:

Your address:

Telephone number:

Type: Home Work Cell

Dates of attendance at Champlain College:

Indicate the type of transcript you are requesting. Check all that apply.

Official transcript with College seal

Graduate transcript

Unofficial transcript

What is the reason for your request?

Application to graduate school

Application to study abroad

Application to transfer to another school

Employment application

Application for scholarship/financial aid

Other _____

When should this request be processed?

At once

After semester grades are submitted

To whom should this transcript be sent? Enter recipient name and address below.
For more than one recipient please use the reverse side of this form.

Student signature/Authorization to release information

student signature

date

for office use only

In: _____ Out: _____ Current Y N System: _____ Mail / Fax / Pick up: _____