WYTHEVILLE COMMUNITY COLLEGE
1000 East Main Street • Wytheville, VA 24382
Phone: (276) 223-4760 • Fax: (276) 223-4860 • EMAIL – wcblaij@wcc.vccs.edu
Web Address: http://www.wcc.vccs.edu

Transcript Request Form

Instructions: For your convenience, please visit https://wcc.my.vccs.edu/jsp/home.jsp and attempt to submit your request electronically through SIS. By submitting your request through SIS, you are preventing likely delays in the processing of your request.

Students who submit a request using this form should complete the entire form and print clearly. Submit this form by fax or postal mail to the Admissions and Records Office. Note that official transcripts normally take 3 business days to process, or longer during heavy registration periods or grade processing times. Holds for financial obligations to the college will prevent transcript release. We do not release transcripts or copies of transcripts from other institutions.

Name:_____ **Former Name(s):**_____
Last First Middle

UserID/ Social Security Number: _____ **Birthdate** _____

Current address:

_____
Street City State Zip

Home Phone: _____ **Work Phone:** _____ **Cell:** _____

Currently Enrolled (please circle)? Yes No **Approximate dates of WCC Attendance:**_____

Number of transcripts requested _____

Service Desired (Select One):
☐ Send as soon as possible
☐ Hold until current semester grades are posted. Indicate term: _____
☐ Hold for degree posting *(Processing can take longer)*
Indicate expected date of graduation: _____

Mail Transcript to: Name: _____

Street Address: _____

City, State/Country, Zip/Postal Code: _____

Student Signature (REQUIRED): _____ **Date** _____

Please submit your request via fax or mail to:
Admissions and Records Office
Wytheville Community College
1000 E Main St
Wytheville, VA 24382
(276) 223-4860 (FAX)

OFFICE USE ONLY
Date Processed: Processed by: