



# WYTHEVILLE COMMUNITY COLLEGE

1000 East Main Street • Wytheville, VA 24382

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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: \_\_\_\_\_