



# Document Request

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Full Name - Former Students use name attended under)

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Current Students use VCOM E-mail)

Class Year: 20\_\_\_\_ Current Status:  
Current Student Graduate Non-Graduate

## 1. Transcript Request:

Official Transcript  Unofficial Transcript (Non-Graduate only, all others use SIS)  
 Pick-Up  Mail  E-mail (Unofficial Only)  Fax- #: \_\_\_\_\_ Number of Copies \_\_\_\_\_

Attention/Office \_\_\_\_\_

Company/Institution \_\_\_\_\_

Address/PO Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## 2. Letter Certifying Enrollment Request

Pick-Up  Mail  E-mail (School SEAL not included)  Fax- #: \_\_\_\_\_ Number of Copies \_\_\_\_\_

Attention/Office \_\_\_\_\_

Company/Institution \_\_\_\_\_

Address/PO Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## 3. Other: Please describe request \_\_\_\_\_

Pick-Up  Mail  Fax- #: \_\_\_\_\_ Number of Copies \_\_\_\_\_

Attention/Office \_\_\_\_\_

Company/Institution \_\_\_\_\_

Street Address/PO Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office use only:** Authorized initials: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Date Mailed: \_\_\_\_\_ Amount Paid: \_\_\_\_\_