

Castleton State College

Academic Record Transcript Request
Student Services Center
62 Alumni Dr. Castleton, VT 05735
Phone: 802-468-6070
Fax: 802-468-5237

Note: No transcript request will be prepared for anyone whose financial obligations to Castleton have not been met. There is a \$5 per transcript fee due at the time of request.

Please print plainly:

Student ID, or last 4 digits of SS#: _____ D.O.B. _____

Name While Attending: _____ Phone Number: _____
Last First Middle

E-mail Address: _____

Current Address: _____

City/State/Zip: _____

Are you currently enrolled? : ___ Yes ___ No

Number of copies requested ___ X \$5 per copy

Total amount due: \$ _____

Former Student*

Year Graduated _____

Last Year Attended _____

Transcript type:

_____ Graduate Transcript

_____ Undergraduate Transcript

_____ Both

I would like the transcript sent:

_____ As soon as possible

_____ Hold until degree is posted

_____ Hold until end of current semester

_____ Hold for education licensure recommendation notation

Student's Signature (Required)

Print Full Name

_____ Do not mail. I will pick up.

_____ Mail transcript to:

Name/Address _____

Name/Address _____

For Office Use Only

Date Received _____

Date Processed _____

Payment Information:

___ Cash ___ Ck ___ MC/V ___ DIS ___ AMX

CC# _____ Exp Date: _____