



School of Practical Nursing  
OFFICIAL TRANSCRIPT REQUEST

**Fees:**

★ Recent VCTC PN Graduates (within past 5 years) and current students: 1<sup>st</sup> transcript request is free, then \$10.00 per request.

★ Graduates (more than 5 years ago): \$10.00 per request.

*\*Please call 540-245-5002 to pay by card over the phone or include check when mailing your request.*

**Send Transcript Request To:**

★ Valley Career & Technical Center  
49 Hornet Rd ● Fishersville VA 22939

★ Fax: 540-885-0407

★ Email: nursing@valleytech.us

<b>Name: Last</b>	<b>First</b>	<b>Middle</b>	<b>Names used while attending VCTC</b>
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Address: Street	City	State	Zip
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Date of Birth	Email Address	Phone Number
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Date of Transcript Request	Date of VCTC PN Program Completion
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**Please send my transcript(s) to:**

Provide one of the following: Mailing Address, Fax Number, or Email Address

Name of Recipient	Organization/Department
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Address: Street	City	State	Zip
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Email Address	Fax Number
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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

★ Sign below if you give permission to release all subsequent transcript requests to the above-named party:

Date: \_\_\_\_\_

FOR OFFICE USE: Transcript

___ Picked Up	___ Mailed	___ Faxed	___ E-mailed	Date: _____	Signature _____
___ Picked Up	___ Mailed	___ Faxed	___ E-mailed	Date: _____	Signature _____
___ Picked Up	___ Mailed	___ Faxed	___ E-mailed	Date: _____	Signature _____