



West Valley College Transcript Order Form

Fax: (408) 741-4627
A&R Office: (408) 741-2001

- Transcripts can be ordered by **Fax, Mail** or **in-person** at the WVC Admissions & Records Office. *Sorry, no phone orders.*
- Transcripts include all courses taken at West Valley & Mission Colleges.
- The order form must be **SIGNED** to process your request.
- Identification is required at the time of pick-up.
- If anyone other than the student will be picking up the transcript, written permission is required from the student (signed and dated).
- A rush order guarantees the transcript will be **processed and mailed** (during business hours) in the time requested. **NOTE: It does not guarantee the transcript will arrive in the time requested.**

Complete ALL of the following areas:

Approximate year of attendance: _____

WVC College ID # **or** Social Security Number: _____ Birth Date: _____

Name: _____

Other names you have used: _____

Daytime Phone: (_____) _____

Your Current Address: _____

City: _____ State: _____ ZIP: _____

Complete your request.

_____ **One Hour RUSH Order** - \$20.00 for the first transcript and \$5.00 for each additional
Qty. **(available in-person only)**

_____ **24 Hour Rush Order** - \$15.00 for the first transcript and \$5.00 for each additional
Qty.

_____ **Regular Order - (5-10 business days to process)** - \$6.00 per transcript
Qty. **Note: Your first two are free - Regular Service ONLY**

_____ **Hold transcript** until current semester grades are posted
YES

_____ OR _____ **Certifications - needed only if requested by the school to which you are transferring**
GE IGETC **(1 Hour rush not available)**
Certifications are only processed with transcript requests.
Note: Additional \$4.00 fee per transcript for 24hr rush orders.

_____ OR _____ **Method of delivery**
Mail Pick-up

Payment Methods: Cash (in-person only), **Check** (personal / cashier's) or **Credit Card** (VISA / Master Card)

Mail Order: Make check payable to – West Valley College or submit your credit card information below.

Faxed order: Visa or Master Card number, expiration date, and 3-digit CSC Code.

CC # _____

Expiration Date _____

CSC # _____

Signature _____ Today's Date _____

Submit an address for each transcript ordered.

Send Transcript To: **(Must be legible for window envelope)**

Name: _____
Address: _____
City, State, Zip: _____

Send Transcript To: **(Must be legible for window envelope)**

Name: _____
Address: _____
City, State, Zip: _____