



Prior Learning Assessment Transcript Release Request

Student Information

Full Name: _____ Date of Birth: _____ Last 4 digits of SSN: _____

Former names by which you have been known: _____

Daytime phone number: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature *(required)*: _____

The Family Educational Rights and Privacy Act of 1974 prohibits release of student information without the student's written consent.

Transcripts

Please send an official copy of my transcript to:

- Community College of Vermont (CCV)
- Other Recipient

College/Institution: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Optional

- Please send me an unofficial transcript for my records *(this is identical to the copy included in your award packet)*

Submit your completed and signed form to the Office of Prior Learning Assessment

- Email to: PriorLearning@ccv.edu
- Mail to: *Office of Prior Learning Assessment, PO Box 489, Montpelier, VT 05601*
- Fax to: 802-828-2801

Please contact us with any questions at: PriorLearning@ccv.edu or 802.828.4064

This is not a Community College of Vermont transcript request form. If you did not prepare and submit a portfolio for evaluation or attend an ETES evaluated program, this is not the correct form.