



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.

This is not a Community College of Vermont transcript request form.

If you did not prepare and submit a portfolio for evaluation through Assessment of Prior Learning or Focused Portfolio Development, or attend an ETES evaluated program, this is not the correct form.

Please send an official copy of my APL/FPD/ETES transcript to:

- ☐ Community College of Vermont (CCV)
- ☐ Vermont State University (VTSU)
- ☐ Other Recipient *(we are not able to email transcripts)*

College/Institution: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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