TRANSCRIPT REQUEST

Vandalia Christian Schools

Greensboro, NC 27406

There is a 48-hour processing period for transcript requests. At the beginning or end of a semester, please allow one week. For transcripts to be mailed overseas, please allow three weeks. Any special request for handling may incur a processing fee.

Please print all information:			
Name			
Last	First		Middle/Maiden
Date of Birth Emai	1:		
Daytime Phone ()	_ In what year we	In what year were you last enrolled at VCS?	
Check all applicable items:			
Official Transcript (addressed to an in	stitution, employe	r or agency) * se	e below
Unofficial Transcript (personal copy)			
What is your current home address?			
Address			
City	State	Zip	
*Name and address of recipient of transcr	ript (institution, em	ployer or agency	y):
Name			
Address			
City	State	Zip	
While it is VCS's policy to provide free tran frequent requests. For personal use, one free photocopied as needed.			
Student or Parent Signature		Date	

Mail requests for transcripts to the Records Office, Vandalia Christian Schools, 3919 Pleasant Garden Rd., Greensboro, NC 27406, or email a PDF of this form to jennie.marshall@vcsvikings.net, or fax to (336) 379-8671.