



COLLEGE TRANSCRIPT REQUEST FORM
(Complete and mail this form to the registrar's office of all colleges you have attended)

I request that _____ send an official transcript of my college grades to:

The University of Virginia's College at Wise
Office of Admissions
Crockett Hall
1 College Ave
Wise, VA 24293

Name: _____
(Please Print)

Social Security Number (Last Four Digits Only)

Date of Birth

Dates of Attendance

Signature of Student

Date of Request

NOTE TO COLLEGE: Please submit this form along with transcript.