

Admissions & Records 3095 Yerba Buena Road San Jose, CA 95135-1598

EVCAR@EVC.EDU

Tel: (408) 270-6441 Fax: (408) 223-9351

TRANSCRIPT REQUEST FORM

IMPORTANT: Please Print Clearly

Name (Last, First, Middle)			EVC Student ID# OR Social Security #		
Email address	Phone number		Date of Birth		
Other name(s) used on EVC records:					
Address:					
Street	Apt. No.	City	St	tate Zip	
Dates of Attendance:					
	Ionth/Year	Month/Year			
Do you have any grades before Fall 19		No		<u> </u>	
Check All that Apply: Mail Transc		nd/or Separate	-		
Mail (number of) transcript(s	s)to:	Mail	(number of,	transcript(s) to:	
Special Instructions: Send now - do not hold for addition Send after Send after Send after grade is changed from	semester gra degree is pos to for	ades are posted sted		Instructor	
Credit Card Information:	<u>E</u> >	xpiration Date:	CVV C	ode:	
Signature:					
(Rec	juired by the Fami	ily Education Right	s and Privacy A	Act)	
I	MPORTANT INF	FORMATION			
First two regular transcript copies are free (ex Allow 7 to 10 working days for regular proces	-	-			

Transcript will not be processed if you have a hold on your records.

The transcript includes courses taken at EVC only. SJCC transcripts must be requested separately from SJCC. Student's signature is required to release transcripts. Requests by persons other than the student must include written authorization from the student. EVC does not duplicate transcripts from other colleges. If needed, request additional transcripts from other colleges separately.

End-of semester/term transcript requests take 3 to 4 weeks to process after final grades are posted.

It is the student's responsibility to contact the instructor regarding grade changes.