Vision International Education Network 1115 D Street · Ramona, CA 92065 · Phone: 760-789-4700 · Fax: 760-789-3023

REQUEST FOR STUDENT TRANSCRIPT

Instructions

1. Type, print or computer generate the Request Form information.
2. The Request must have the student's signature.
3. Official transcripts may be sent to another college or to a potential employer.
4. Each transcript requested is $10.
5. Transcripts may take up to 4-6 weeks for delivery.

Student Information

Name:	
Street:	
City:	
State and Zip:	
SSN (US):	
Phone #:	
Address and Name/ID of Resource Center:	
Years Attended:	
Degree Received:	
Date Received:	

Include the following transcripts when applicable:

- ❑ Vision International College Australia Transcripts (years 1-3 undergraduate)
- ❑ Vision International University USA (bachelor's completion and graduate level)

Send Official Transcripts To: **Number of Copies _____**

Institution/Organization:	
Street:	
City:	
State and Zip:	
In Care Of/Registrar:	

Send Unofficial Transcripts To: **Number of Copies _____**

Name:	
Street:	
City:	
State and Zip:	

Authorization of Payment: **Payment Total $ _____**

- ❑ $10 is enclosed with this request for each transcript requested, Official.
- ❑ I authorize VIEN to charge my credit card $10 for each transcript requested from each institution (VIC and VIU).

Credit Card Number:	Exp.(mmyy):	CVV (3 digits on back):

Student Signature **Date**