

PHCC Transcript Request Form

The purpose of this form is to have a copy of your Patrick Henry Community College transcript sent to another organization, college, or school.

When completed, print this page, sign and date it, then mail or fax it to:

Registrar
Patrick Henry Community College
P.O. Box 5311
Martinsville, VA 24115
Fax: 276-656-0352

Send Transcripts to: _____

Attended prior to 1971: Yes___ No___

If College, transcript should be sent to: ___ Admission's Office (if applying)
___ Registrar's Office (if already attending)

Transcripts should be sent: ___ As soon as possible
___ After current semester

Please Print:

Name _____
Last First Middle Former Name

Mailing Address _____

EMPL ID # _____ Social Security # _____

Remarks _____ Phone _____

Signature _____ Date _____

Please complete a separate form for each institution or organization to which you wish to have a transcript sent.