



RELEASE OF INFORMATION CONSENT FORM

(Student, please complete form and forward to Welcome Center.)

By completing this Release of Information Consent Form, I hereby authorize Piedmont Virginia Community College to release any record as it pertains to my enrollment, graduation, or student status. I understand this does NOT serve as an official transcript. I also understand that failure on my part to submit accurate information could delay this process.

The processing time for all information requests is 5 (five) business days.

Student Name (Please Print): _____

Student ID Number: _____

Daytime Telephone Number: _____

Evening Telephone Number: _____

I am requesting verification of the following term(s): _____
(example: Spring 2008)

Please send this information via the following manner:

Fax to: (Name) _____
(Number) _____

Mail to: (Name) _____
(Address) _____

Student Signature: _____

Date: _____

Welcome Center Use Only

Processed By: _____

Date: _____