



**Valley Christian High School**  
 7500 Inspiration Drive  
 Dublin, CA 94568-2838

**www.dublinvcc.org**  
 P: [925] 560-6250  
 F: [925] 828-5658

## Authorization of Release for Transcript Records

Date: _____	Graduation Year: _____
Student's Name: _____	Phone: _____
Address: _____	City: _____
State: _____	Country: _____ Zip: _____

<p><b>Number of Transcripts Requested:</b> _____</p> <p><b>Check Appropriate Box:</b></p> <p><input type="checkbox"/> Return to Student</p> <p><input type="checkbox"/> Return to University</p> <p><input type="checkbox"/> Do not send transcripts until semester is over</p>
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<p><b>*If Transcript is to be mailed, provide information below:</b></p> <p>Send to: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Country: _____ Zip: _____</p> <p>Transcripts must be received by agency no later than: _____</p> <p><b>*If additional transcripts must be mailed, please list addresses on reverse side of form.</b></p>
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\_\_\_\_\_  
**Student Signature (required)**

\_\_\_\_\_  
**Parent Signature** (required if student has not completed 10th grade or is under the age of 16.)

**Transcript Policy:**

1. Fees - \$3.00 processing fee for each transcript payable by cash or check. Make checks payable to VCC.
2. If paying online, please attach your receipt with form.
3. Transcripts are usually processed within ten (10) working days of request except at the end of the semester when more time is required.
4. Available transcript rush for two-business day with an additional fee of \$10.00.

**OFFICE USE:**

Amount Received: \_\_\_\_\_ Date Received: \_\_\_\_\_ Transcript Released: \_\_\_\_\_