

STUDENT INFORMATION FORM AND PORTFOLIO RELEASE PERMISSION

This form gives your permission to have your portfolio evaluated and for the PLA Office to access and duplicate any official transcripts submitted to Vermont State Colleges System institutions. Your signature at the bottom of this form provides this permission. Please complete each field below so we can contact you during and after the semester. All information about you is held in the strictest confidence.

Your name: _____ Pronouns: _____ Birthdate: _____

List all names by which you are or have been known: _____

Email address: _____ Daytime phone number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Degrees or certificates already received (if applicable): _____

List all colleges and post-secondary institutions
you have attended (**this list must be complete**): _____

I have only attended a VSCS institution – *Community College of Vermont (CCV) and/or Vermont State University (VTSU).*

I have a Joint Services Transcript from my military experience.

I may already have college credit from a professional training.

*If you haven't already, please submit a request directly to each school you have attended to send an official transcript to
Community College of Vermont (CCV) or Vermont State University (VTSU).*

**Briefly state the primary area(s) in which you will be asking for credit through the portfolio. These are your PAST learning experiences,
NOT future goals (i.e., Business, Communication, Social Work, Early Childhood Education, Dance, etc.):**

How and/or where did you hear about this course?

**What is your primary goal for the credits earned in your portfolio? (i.e., associate degree at CCV, bachelor's degree at VTSU, ECE career
ladder, credits for VT bar exam, undecided, etc.):**

**As a student enrolled in the Assessment of Prior Learning or Focused Portfolio Development course,
I understand and agree to the following conditions:**

- Official copies of my transcripts submitted to VSCS institutions will be printed and issued to me via US mail or my instructor, for inclusion in my final portfolio.
- Copies of my portfolio will be released to the members of an Advanced Standing Committee and other authorized specialists, so that it may be evaluated.
- My instructor will be informed of the outcome of my evaluation for the purpose of improving instruction.

Type your name as your signature: _____ Date: _____

Please send this completed form to PriorLearning@ccv.edu or mail to VSCS PLA, PO Box 489, Montpelier, VT 05601

**Official transcripts not already submitted in the VSCS can be sent to CCV at Registrar@ccv.edu
or CCV Transcript Clerk, PO Box 489, Montpelier, VT 05601**