

TRANSCRIPT REQUEST FORM

INSTRUCTIONS: Please print clearly.

Transcript Cost: \$10.00 per copy (\$2.00 for each additional copy)

Please allow one to three business days to process requests for current students and recent attendees.
(Note: Transcripts will be held for 30 days then destroyed)

During the weeks of Registration and Commencement, transcript preparation will be delayed.

In accordance with federal law, transcripts cannot be released without the consent of the student.

RCC STUDENT ID NUMBER
SOCIAL SECURITY NUMBER

STUDENT INFORMATION

LAST NAME	FIRST	MIDDLE NAME
STREET / /	CITY ()	STATE ZIP
DATE OF BIRTH (MM/DD/YYYY)	PHONE NUMBER	E-MAIL ADDRESS

INSTRUCTIONS

First Year Enrolled: _____ Last Year Enrolled: _____

- Please hold my request until my CURRENT term grades are posted
- Please hold my request after grade change for _____ has been made.

Number of Transcripts request: _____

_____ Regular: \$10.00

_____ Additional: \$2.00

- I will PICK UP my transcript(s).
- Please Mail to: **Please print clearly. Use back of form if needed**

ADDRESS 1	ADDRESS 2
RECIPIENT NAME	RECIPIENT NAME
STREET	STREET
CITY STATE ZIP	CITY STATE ZIP
Number of copies: _____	Number of copies: _____

SIGNATURE AND DATE

STUDENT'S SIGNATURE _____ DATE (MM/DD/YYYY) _____

OFFICE USE ONLY	OFFICE USE ONLY
BUSINESS OFFICE	REGISTRAR OFFICE
Amount Received: \$ _____ Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	Date Sent: _____ Initial: _____
Date Received: _____ Received by: _____	Pick Up: _____ Initial: _____