



Roxbury Community College Transcript Request Form

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.

NAME: _____	ID Number: _____	
Former Name: _____	Social Security #: _____	
Date of Birth: _____	TEL#: _____	
SIGNATURE: _____	Date: _____	

First Year Enrolled: _____	Last Year Enrolled: _____
<input type="checkbox"/> Please hold my request until my CURRENT term grades are posted.	
<input type="checkbox"/> 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**

Number of copies to address 1: _____	Number of copies to adress 2: _____
Name _____	Name _____
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Office Use Only

<p>Business Office</p> <p>Amount Received: \$ _____</p> <p>Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card</p> <p>Date Received: _____ Received by: _____</p>	<p>Registrar Office</p> <p>Date Sent: _____</p> <p>Pick Up: _____</p> <p>Initial: _____</p>
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