

# TRANSCRIPT REQUEST FORM

**INSTRUCTIONS: Please print clearly.**

**Transcript Cost: \$5.00 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

## 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: \$5.00 \_\_\_\_\_  
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

### BUSINESS OFFICE

Amount Received: \$ \_\_\_\_\_ Paid by:  Cash  Check  Credit Card

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

### REGISTRAR OFFICE

Date Sent: \_\_\_\_\_ Initial: \_\_\_\_\_

Pick Up: \_\_\_\_\_ Initial: \_\_\_\_\_