



# 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.*

<b>NAME:</b> _____	<b>ID Number:</b> _____	
<b>Former Name:</b> _____	<b>Social Security #:</b> _____	
<b>Date of Birth:</b> _____	<b>TEL#:</b> _____	
<b>SIGNATURE:</b> _____	<b>Date:</b> _____	

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\**

<b>Number of copies to address 1:</b> _____	<b>Number of copies to adress 2:</b> _____
Name _____	Name _____
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

### Office Use Only

<p><b>Business Office</b></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><b>Registrar Office</b></p> <p>Date Sent: _____</p> <p>Pick Up: _____</p> <p>Initial: _____</p>
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