

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. **Transcripts will not be released if you have a Business Office Hold.**

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

BUSINESS OFFICE

Amount Received: \$ _____ Paid by: ☐ Cash ☐ Check ☐ Credit Card

Date Received: _____ Received by: _____

REGISTRAR OFFICE

Date Sent: _____ Initial: _____

Pick Up: _____ Initial: _____