

# Request for Transcript of Academic Record

## RAPPAHANNOCK COMMUNITY COLLEGE

12745 College Drive • Glenss, VA 23149 • (804) 758-6740 • (800) 836-9381 • Fax (804) 758-6830

52 Campus Drive • Warsaw, VA 22572 • (804) 333-6740 • (800) 836-9379 • Fax (804) 333-6836

*(This form requires the signature of the student requesting the transcript)*

Use this form to request RCC to send a copy of your transcript to another college, employer, etc.

### Full Name and Current Address of Student

First Name: \_\_\_\_\_ M.I.: \_\_\_\_ Last Name: \_\_\_\_\_

Former Name(s): \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: Home(\_\_\_\_)\_\_\_\_-\_\_\_\_ Work(\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

### Mail Transcript To:

Name of Office or Person: \_\_\_\_\_ Name of College or Employer: \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

**RCC does not release transcripts or copies of transcripts from other institutions.**

### Other Required Information

Student ID #: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Request: \_\_\_\_\_

Currently Enrolled?  Yes  No Dates of Attendance: \_\_\_\_\_

### Check the appropriate box.

- Transcript should be sent: \_\_\_\_\_ (date)
- Hold** until current semester grades are posted.
- Hold** until after graduation data has been posted.
- Send as soon as possible.

Number of transcripts to be sent: \_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**RCC does not release official copies of transcripts to students.**

**Mail or fax transcript request to either campus. Please Allow at least 48 hours for processing.**