

Request for Transcript of Academic Record

RAPPAHANNOCK COMMUNITY COLLEGE

12745 College Drive • Glenss, VA 23149 • (804) 758-6740 • (800) 836-9381 • Fax (804) 758-2007
 52 Campus Drive • Warsaw, VA 22572 • (804) 333-6740 • (800) 836-9379 • Fax (804) 333-3197
 Email: records@rappahannock.edu

Note: Per policy, RCC does NOT send transcripts by email. RCC does not recommend sending sensitive personal information by email.

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 #: _____ or Social Security Number: * _____

Date of Birth: _____

*SSN not required, but recommended so that student records can be located more efficiently.

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 _____

Required

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

Mail, fax or email transcript request to either campus. Please allow 2 business days for processing (please allow additional time during peak periods, or during college closures) plus shipping time.

Note: Some college/universities or employers do not consider transcripts official if picked up by the student.