Request for Transcript of Academic Record

RAPPAHANNOCK COMMUNITY COLLEGE
12745 College Drive • Glenns, VA 23149 • (804) 758-6740 • (800) 836-938 • 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 ______________________

(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.