



OFFICIAL TRANSCRIPT REQUEST

A WRITTEN REQUEST FROM THE STUDENT IS REQUIRED TO RELEASE A TRANSCRIPT.

Allow three business days for processing; five business days are required at the beginning and end of a semester/summer term. There is no charge for the transcript. This request will be shredded one year following the date of the request.

Complete this form and return to:

FOR CREDIT COURSES:
Records Office – Whitcomb Student Center
PO BOX 38, WENTWORTH NC 27375-0038
Fax: (336) 342-1809 E-mail: records@rockinghamcc.edu
Questions? Call (336) 342-4261, ext. 2333

FOR NON CREDIT COURSES:
Administration Building
PO BOX 38, WENTWORTH NC 27375-0038
Fax: (336) 349-9986 E-mail: cartercb@rockinghamcc.edu
Questions? Call (336) 342-4261, ext. 2124

Name: _____	Date: _____
Street Address: _____	ID# or last 4 of SSN _____
City: _____ State: _____ Zip: _____	Date of Birth _____
Day Phone: _____	<input type="checkbox"/> I am currently enrolled.
Maiden Name _____	<input type="checkbox"/> I am not currently enrolled.
Any Other Name(s) _____	Year First Enrolled at RCC: _____
	Year Last Enrolled at RCC: _____
CHOOSE ONE:	
<input type="checkbox"/> COMPLETE REQUEST NOW	
<input type="checkbox"/> HOLD REQUEST UNTIL CURRENT SEMESTER GRADES ARE POSTED	
<input type="checkbox"/> HOLD REQUEST UNTIL DEGREE IS POSTED (EXPECTED GRADUATION DATE: _____)	
<input type="checkbox"/> HOLD REQUEST UNTIL CHANGE OF GRADE IS POSTED (SPECIFY COURSE: _____)	

CHOOSE MAILING OR PICK UP OPTION AND INDICATE QUANTITY:

MAIL _____ COPIES OF MY TRANSCRIPT TO:
(IF TRANSCRIPTS ARE TO BE MAILED TO MORE THAN ONE ADDRESS, PLEASE USE ADDITIONAL FORMS.)
Institution/Organization: _____
Department: _____
Street Address: _____
City: _____ State: _____ Zip: _____

MAIL ME _____ COPIES OF MY TRANSCRIPT (Please note: If you open this copy, it will no longer be official.)

I WILL PICK UP _____ COPIES OF MY TRANSCRIPT (Photo ID is required for pick up.)

I GIVE PERMISSION FOR THE FOLLOWING INDIVIDUAL TO PICK UP A TRANSCRIPT ON MY BEHALF:
Individual's Full Name _____
(Photo ID is required upon arrival. No transcript(s) will be released to other individuals without this information and your signature below.)

STUDENT'S SIGNATURE _____ **DATE** _____

Unless sent from an official Rockingham Community College email account, this form must have a handwritten signature.

Unofficial copies can be accessed in WebAdvisor.