REQUEST FOR CURRICULUM TRANSCRIPT

RANDOLPH COMMUNITY COLLEGE

REGISTRAR OFFICE

Mail this form to:
Office of Records, Registration & Admissions
Randolph Community College
629 Industrial Park Avenue
Asheboro, NC 27205
Fax: (336) 629-9547

No transcript of a student's record will be issued until all financial obligations to the College have been satisfied.

PLEASE PRINT

Institution Code 005447

Last Four Digits of
Social Security #: _____ Student ID #: _____ Contact #: ( ) _____

(Submission of Social Security number is voluntary and is used for student identification & consistency in record keeping.)

Name: _____
Last First Middle

Address: _____
Street or P.O. Box Number

_____
City State Zip

Your name while enrolled (if different from above) _____

Years attended RCC: From _____ To _____/ From _____ To _____

Program(s) of Study: _____

Type of Transcript:

❑ Official academic transcript (other colleges and most employers require SEALED official transcripts)
($5 fee payable to the Business Office prior to request in person, by mail, or phone (336) 633-0292)

❑ Non-Official academic transcript (student copy - no charge) ❑ Placement test scores (No charge)

Send Transcript: ❑ Now ❑ At the end of semester ❑ When I graduate

Do you want?

❑ To pick up transcript (Photo I.D. required. If not picked up, transcript will be discarded after 60 days)

❑ Someone else to pick up transcript. If so, person's name _____
(This person must have a photo I.D. to pick up your transcript.)

If recipient's address is different than above, list name and address(es) below:

_____ _____

_____ _____

Your signature _____ **Date** _____

For office use only

Date Payment received_____ Amount received_____ Payment received by_____