



Randolph Community College
Request for Continuing Education Transcript
 Institution Code 005447

Date Payment Received _____
 Amount Received _____
 Payment Received By _____

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

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

(Submission of Social Security No. 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 _____

Type of Transcript:

- Official academic transcript (other colleges and most employers require official transcripts)
 (\$5.00 fee payable to the Business Office prior to request in person, by mail, or phone 633-0292)
- Non-Official academic transcript (student copy - no charge)

Send Transcript: Now Upon Completion of Current Class(es)

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.)
- Mail transcript to address below:
 (if different from above)

Mail this form to:

Office of Records, Registration and Admissions
 Randolph Community College
 PO Box 1009
 Asheboro, NC 27204-1009
 Fax # 336-629-9547

YOUR SIGNATURE _____ Date _____

**There is a minimum of
 AT LEAST 24 HOURS
 processing time on all
 academic transcripts.**

<p>FOR OFFICE USE Transcript mailed _____ Transcript picked up _____ By _____</p>
