



**REQUEST FOR UNOFFICIAL  
CONTINUING EDUCATION TRANSCRIPT**

**RANDOLPH COMMUNITY COLLEGE**

Institution Code 005447

**Mail this form to:**

Office of Records, Registration & Admissions  
Randolph Community College  
629 Industrial Park Avenue  
Asheboro, NC 27205  
Fax: (336) 629-4695

**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 #: \_\_\_\_\_ 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:**

- 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.)

Mail transcript to address below (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_

**Your signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

For office use only  
Transcript mailed \_\_\_\_\_ Transcript picked up \_\_\_\_\_ By \_\_\_\_\_