



Creating Opportunities. Changing Lives.

Office of Admissions, Records & Registration

629 Industrial Park Avenue • Asheboro, NC 27205
336-633-0200 • www.randolph.edu

Request for Unofficial Curriculum Transcript

\*Last Four of 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 \_\_\_\_\_

Program of Study: \_\_\_\_\_

Step 1: What type of transcript do you want?:

- ( ) Non-Official academic transcript (student copy - no charge)
( ) Enrollment Verification (No charge)
( ) Placement Test Scores (No charge)

Send Transcript: ( ) Now ( ) At the End of Semester ( ) When I Graduate

Step 2: What do you want done with the transcript?

- ( ) 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 Admissions, Records and Registration
Randolph Community College
629 Industrial Park Ave.
Asheboro, NC 27204-1009
Fax # 336-629-4695

YOUR SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

FOR ADMISSIONS OFFICE USE:

Date transcript mailed: \_\_\_\_\_ Date transcript picked up: \_\_\_\_\_
Processed/Received By: \_\_\_\_\_

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