



**REQUEST FOR UNOFFICIAL
CONTINUING EDUCATION TRANSCRIPT
RANDOLPH COMMUNITY COLLEGE**

Mail this form to:
Office of Registrar, Continuing Education
Randolph Community College
629 Industrial Park Avenue
Asheboro, NC 27205
Fax: (336) 318-0516

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

PLEASE PRINT

Birthdate: _____ Student ID or last 4 of SSN #: _____

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

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 _____