

Office of Admissions, Records & Registration

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

Request for Unofficial Curriculum Transcript

Changing Lives.

	ity Number	Student ID#	Date of Birth	
*(Submission of a	Social Security No. is volunt	ary and is used for student identificat	ion & consistency in record keeping.)	
Name				
	Last	First	Middle	
Address				
	Street or P.O. Box Num	ber		
	City	Stat	e Zip	
Contact #	()			
Contact #	()-			
Vour name w	hile enrolled (if differ	ent from above)		
Tour name w	ince chi oncu (il unici	ciit 110iii above)		
Years attende	ed RCC: From	То		
	_			
Program of S	tudy:			
Ston 1. Who	t type of transcript (da van went?.		
		(student copy - no charge)		
	t Verification (No charge			
· · ·	Test Scores (No charge			
() Flacement	Test Scoles (No charge	2)		
Send Transcri	pt: () Now () A	At the End of Semester () When I Graduate	
		with the transcript?		
() Pick up tra	inscript (Photo I.D. red	juired. If not picked up, transc	ript will be discarded after 60 days)	
() Someone	les to nick up transcrip	t If so person's name		
	rise to pick up transcrip	t. If so, person's name	noto I.D. to pick up your transcript.)	
() Mail transe	cript to address below (if different from above):	ioto i.D. to piek up your transcript.)	
() 1.1411 (1411)				
		Mail this for		
			missions, Records and Registration	
		Randolph Co 629 Industri	ommunity College	
			C 27204-1009	
		Fax # 336-62	9-4695	
		Fax # 336-62	9-4695	
		Fax # 336-62	9-4695	
		Fax # 336-62	9-4695	
		Fax # 336-62	9-4695	
VOUR SIGN	NATURF			
YOUR SIGN	NATURE	Fax # 336-62		
ADMISSIONS	OFFICE USE:		Date	24 H
ADMISSIONS	OFFICE USE:			