



## Request for Transcript

**Please Print**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Name on student record (if different)

\_\_\_\_\_

Social Security Number \_\_\_\_\_

\_\_\_\_\_

**Student Signature**

**Phone Number**

\_\_\_\_\_

Student is *responsible* for correct mailing address.  
Be sure to identify the office or person to whom this transcript is being sent.

To \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*All obligations to the College MUST be cleared before transcripts are sent.*

**\$9.25 fee per request.**

**All transcripts from RWC/NES included.**

Number of copies to the address below \_\_\_\_\_

*Please allow **five working days** for processing this request. More time may be required at the end of each semester.*

Did you attend RWC prior to 1995?  Yes  No

\_\_\_\_\_

**Please Check One**

Date to be picked up \_\_\_\_\_  a.m.  p.m.

*(Please allow 24-hour minimum turnaround)*

Mail as soon as possible

Mail after current semester grades are posted

Mail after degree is posted

*For Office Use Only*

Amount Paid \$ \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge \_\_\_\_\_ N/C \_\_\_\_\_

Prepared by \_\_\_\_\_

Date \_\_\_\_\_