



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.*

\$9.00 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 _____