

TRANSCRIPT REQUEST FORM

This form can be mailed to: Roanoke-Chowan Community College

Attn: Cashier

1000 College Ave., Ahoskie, NC 27910-9522 or Fax # (252) 862.1356

\$5 FOR EACH OFFICIAL TRANSCRIPT: NUMBER REQUESTED _____

NO CHARGE FOR UNOFFICIAL TRANSCRIPT: NUMBER REQUESTED _____

Make Check (**include state, driver's license number and current phone number**) or Money Order Payable to: R-CCC

Or by payments by VISA and MASTERCARD (credit or debit)

Please process my transcript as indicated:

CHECK ONE: **PICK UP:** **MAIL:**

HOLD until present semester grades are recorded: _____

If someone else is scheduled to pick up your transcript, please provide his/her name here (ID is required): _____

**NOTE: TRANSCRIPT WILL NOT BE PROCESSED UNLESS FORM IS COMPLETED.
PLEASE ALLOW 1-3 BUSINESS DAYS FOR PROCESSING.**

STUDENT'S SIGNATURE (Required) _____

DATE: _____

STUDENT I.D. NUMBER OR SOCIAL SECURITY NUMBER: _____
(Please print)

FULL NAME: _____
First Middle/Maiden Last

Mailing Address: _____

City: _____ State _____ Zip: _____

Telephone Number: _____

Last name while enrolled (if different): _____ Last year you attended: _____

MAIL MY TRANSCRIPT TO: _____

Person/College/Department

Full Mailing Address: _____

City: _____ State _____ Zip: _____

The Family Educational Rights and Privacy Act of 1974 requires that all transcript requests be in writing, signed, and dated by the person to whom the record belongs. Requests cannot be made by phone or e-mail. Transcripts will not be issued for anyone with outstanding financial obligations to R-CCC.



DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY: MAIL PICKED UP INITIALS _____ DATE _____