

PLEASE NOTE:

- A \$5.00 fee per transcript applies for college credit transcripts; requests cannot be processed until applicable fees are paid to the Business Office. Continuing Education course transcripts are free of charge.
- Allow three to five business days for processing; this request will be shredded one year following the date of the request.
- Unofficial copies of college credit transcripts can be accessed in *WebAdvisor*.

Complete and
return form
with payment
to:

FOR COLLEGE CREDIT/CURRICULUM COURSES:

Business Office – Administration Building
 PO BOX 38, WENTWORTH NC 27375-0038
 E-mail: transcriptrequest@rockinghamcc.edu
 Fax: (336) 349-9986
Questions? Call (336) 342-4261, ext. 2333

FOR NON-CREDIT COURSES (CONTINUING EDUCATION):

Administration Building
 PO BOX 38, WENTWORTH NC 27375-0038
 E-mail: cartercb@rockinghamcc.edu
 Fax: (336) 349-9986
Questions? Call (336) 342-4261, ext. 2124

Name: _____

Date: _____

Street Address: _____

ID# or last 4 of SSN _____

City: _____ State: _____ Zip: _____

Date of Birth _____

Day Phone: _____

 I am currently enrolled.

Any Other Name(s) _____

 I am **not** currently enrolled.

 Year **First** Enrolled at RCC: _____

CHOOSE ONE:
 COMPLETE REQUEST NOW

 Year **Last** Enrolled at RCC: _____

 HOLD REQUEST UNTIL CURRENT SEMESTER GRADES ARE POSTED

 HOLD REQUEST UNTIL DEGREE IS POSTED (EXPECTED GRADUATION DATE: _____)

CHOOSE MAILING OR PICK UP OPTION AND INDICATE QUANTITY:
 ELECTRONIC COPIES CAN BE REQUESTED ONLINE (www.rockinghamcc.edu - an additional third-party processing fee applies).

 MAIL _____ COPIES OF MY TRANSCRIPT TO:

Individual/Organization: _____

Department: _____

Street Address: _____

City: _____ State: _____ Zip: _____

 MAIL ME _____ COPIES OF MY TRANSCRIPT (If you open this copy, it will no longer be official.)

 I WILL PICK UP _____ COPIES OF MY TRANSCRIPT (Photo ID is **required** for pick up.)

 I GIVE PERMISSION FOR THE FOLLOWING INDIVIDUAL TO PICK UP A TRANSCRIPT ON MY BEHALF:

Individual's Full Name _____

Photo ID is required for pick up. No transcript(s) are released to other individuals without this information and the student's signature below.
STUDENT SIGNATURE _____ **DATE** _____

Unless sent from an official Rockingham Community College email account, this form must have a handwritten signature.

OFFICE USE ONLY: Receipt # _____ Amount Received _____ Cashier Initials _____ Date _____

Processed by _____ Date _____