

PLEASE NOTE:

- Adult High School transcripts are free of charge. ٠
- Transcripts must remain sealed to be official. ٠
- Requests for multiple copies are sealed separately and housed in one envelope; the outer envelope can be opened. •

Complete and return form:	In Person: Mail: E-mail: Fax: Questions?	Bishopric Lifelong Learning Cente Trina Jones, PO Box 38, Wentwo jonest6822@rockinghamcc.edu (336) 634-3023 Call (336) 342-4261, ext. 2146		
Name:			Date:	
Street Address:				
City:	St	ate: Zip:		
Day Phone:			I am currently enrolled.	
Any Other Name(s)			I am not currently enrolled.	
CHOOSE ONE	!			
	QUEST NOW			
HOLD REQUES	T UNTIL CURRENT	COURSE GRADES ARE POSTED		
CHOOSE MAI	LING OR PIC	CUP OPTION AND INDIC	CATE QUANTITY:	

MAIL COPIES OF MY TRANSCR	PT TO:	
Individual/Organization:		
Department:		
Street Address:		
City:	State:	Zip:
	NSCRIPT	
	Y TRANSCRIPT (Photo ID is <u>required</u> for pick up.)	
I GIVE PERMISSION FOR THE FOLLOW	VING INDIVIDUAL TO PICK UP A TRANSCRIPT OI	N MY BEHALF:
Individual's Full Name Photo ID is <u>required</u> for pick up. No trans	cript(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: Processed by _____ Date _____