

# Official Transcript Request

Richland Community College | One College Park | Decatur, Illinois 62521



**A photo ID is required to pick up a transcript. Prior written approval is required to have someone other than yourself pick up your transcript.**

The current fee for an official transcript to be mailed is \$3.00, to send a transcript by mail & fax \$5.00 per transcript. If you choose to pay by check, please make check payable to Richland Community College and provide with completed request form. To check on the status of a transcript request, or for further information, please call (217) 875-7200. You may also pay for transcripts using your VISA, MasterCard, or Discover credit card. If you choose to pay in this manner, you may download this form and fax it to: (217) 875-7783. You may also download this form and mail it to: Richland Community College, One College Park, Decatur, Illinois 62521. Usual processing time is 3-5 working days.

## Complete the following

|                       |             |  |             |
|-----------------------|-------------|--|-------------|
| Date of Request _____ |             | Richland Community College ID Number (If unknown, please provide the last four digits of Social Security number) _____ |             |
| Printed Name _____    |             | Name at Time of Attendance (if Different) _____  |             |
| Address _____         |             | Date of Birth (mm/dd/yyyy) _____   |             |
| City _____            | State _____ | Zip _____  | Email _____ |
| Phone _____           |             | Dates of Attendance or Graduation Date(s) _____  |             |

## Check One:

- Send Immediately
- Will Pick Up
- After semester grades are recorded \_\_\_\_\_ Semester
- After degree is posted \_\_\_\_\_ Degree name

## Send My Transcript to:

For more than 2 requests, please fill out another form

|                                  |                                  |
|----------------------------------|----------------------------------|
| Name _____                       | Name _____                       |
| Attention _____                  | Attention _____                  |
| Address _____                    | Address _____                    |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |
| Fax _____                        | Fax _____                        |

## Method of Payment

- Check or money order, must include with request form  
Make Payable to: Richland Community College
- Credit Card, information provided below

|  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Credit Card Number                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Expiration Date                                  | <input type="text"/> | /                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | Security Code        | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |
| Name as it appears on credit card (please print) | _____                |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Signature of card holder                         | _____                |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |

Total Amount Paid \$

Student Signature \_\_\_\_\_

We are not able to process requests for students or alumni who have outstanding financial obligations with the College. If you suspect this is the case, please contact Business Services at (217) 875-7211, ext. 227

|                                   |                             |                    |                 |
|-----------------------------------|-----------------------------|--------------------|-----------------|
| FOR OFFICE USE ONLY               |                             |                    |                 |
| <input type="checkbox"/> Yes      | <input type="checkbox"/> No | Amount Paid _____  | Date Paid _____ |
| Business Services Signature _____ |                             | Date Printed _____ |                 |
| Records Signature _____           |                             |                    |                 |