

Transcript Request

Use one form for each transcript requested.

Each transcript is \$3.00.

FAX - \$5.00

Payment must be made at the time of order.

A photo ID is required to pick up a transcript.

Prior written approval is required to have someone other than you pick up your transcript.

Last name		First name		M.I.	Previous name		Soc. Sec. No.	
Signature (required)				Birthdate			Date of Request	
Street Address						Telephone		
City and State			Zip Code		Were you enrolled at Richland before Summer 1987? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please MAIL [] copy/copies of my transcript to this address: If this transcript is being mailed to a college, check one of the following: <input type="checkbox"/> Admissions Office <input type="checkbox"/> Registrar's Office <input type="checkbox"/> PACE <input type="checkbox"/> Other _____ _____ _____ _____ _____					Please process transcripts: <input type="checkbox"/> Will pick up [] copies after 1:00 p.m. the following day <input type="checkbox"/> After semester grades are recorded <input type="checkbox"/> After degree is posted			
					Transcript requests are generally filled within one working day. At the end of a semester, more time is required.			
For Office Use Only								
Charges:								
Paid:								
Date sent:								