



Please Print – Press Firmly

Today's Date _____

Name _____

Address _____

Name on student record (if different) _____

Social Security Number _____

Are you currently enrolled? Yes No

If not, last semester attended _____
Month Year

Did you attend RWC prior to 1995? Yes No

Student Signature Phone Number

Student is responsible for correct mailing address.
Be sure to identify the office or person to whom this
transcript is being sent. This form will be used in a
window envelope with this address showing:

To _____

*All obligations to the College MUST be cleared before
transcripts are sent.*

\$5.00 fee per transcript

Number of copies to the address below _____

*Please allow **five working days** for processing this
request. More time may be required at the end of
each semester.*

Undergraduate Graduate Both

Please Check One

Date to be picked up _____ a.m. p.m.

(Please allow 24-hour minimum turnaround)

Mail as soon as possible

Mail after current semester grades are posted

Mail after degree is posted

For Office Use Only

Amount Paid _____

Cash _____ Check _____ Charge _____ N/C _____

Prepared by _____ Date _____