



Transcript Request Form

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), student and former students needing copies of their academic transcript must make request in written form. The form must bear the original signature in pen and ink by the student. Faxed requests will be honored only if the transcript is forwarded directly to another college/university. Phone requests are not acceptable. Costs of transcripts are covered in the student activity fee, so there will be no charge at the time of request.

Student ID #: _____ Date of Birth: _____

Student's Name: Last: _____ First: _____ MI: _____

Maiden or Other Name: _____ Contact Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Date Last Attended (Semester/Year): _____ Date Graduated (Year): _____

Check any of the following that you are requesting:

- Mail transcript (*provide address below*)
- # copies requested for mailing
- Hold for Current Semester Grades (*will be mailed 3-5 days after semester has ended*)
- Hold for Degree Posting (*will be posted 2-4 weeks after semester has ended*)
- Pick-up by student
- # copies requested for pick-up

I hereby authorize Rowan-Cabarrus Community College to release my transcript as requested:

Signature of Student: _____ Date: _____

MAIL TRANSCRIPT TO: (*use reverse of this page for additional space, if needed*)

Students must fulfill ALL financial obligations to RCCC before transcripts are processed.
Transcript Requests cannot be processed without the student signature.
Allow 48 hours for processing once request is received in our office.
There may be delays in processing during registration and at the end of each semester.