



TRANSCRIPT REQUEST

ROCHESTER COLLEGE
 800 West Avon Road
 Rochester Hills, MI 48307
 Phone: 248.218.2091
 Fax: 248.218.2045

Please print firmly. You are making **four** copies!

Name	
Name used when attending Rochester College, if different than above	
Social Security Number	Birth Date
Home Phone Number	
Signature	Date

Student's Name and Current Mailing Address:
 Please print plainly for use in a window envelope.

Fax Transcript to:

Mail Transcript To:

Please provide a complete address, and print plainly for use in a window envelope.

I am a:

- current student - traditional
- current student - CEL
- former student - traditional
- former student - CEL
- If not currently enrolled, date of last enrollment _____*
- former student - William Tyndale

Transcript Specifications:

- official copy (sealed envelope)
- unofficial (student) copy
- Total number of copies requested _____
- please mail transcript
- please fax unofficial transcript
- please fax unofficial transcript and mail official transcript
- I will pick up transcript
- I will take transcript with me
- hold for final grades - term _____
- hold for degree posting
- hold for grade change

Transcripts are \$5.00 per copy when mailed or picked up.
 Transcripts are \$10.00 per copy when faxed and mailed.

Official transcripts are mailed directly to the requested destination. Hand-carried transcripts may be stamped ISSUED TO STUDENT.

Transcripts are generally sent within two business days of receipt of the request.

Financial obligations to Rochester College must be cleared before transcripts will be released.

OFFICE USE ONLY

Business Office <input type="checkbox"/> Clear <input type="checkbox"/> Hold Date Cleared: _____
Date Request Received: _____
Date Transcript Mailed: _____
Amount Received: Date Received: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card
Hours Completed at RC: _____

REGISTRAR