

**RANDOLPH-MACON COLLEGE**  
**REGISTRAR'S OFFICE**  
 P.O. Box 5005, Ashland, VA 23005-5505  
 (804) 752-7227 • (804) 752-7231 (fax)

## Transcript Request Form

**PLEASE FILL OUT FORM AND MAIL OR FAX IT TO US**

*If you are faxing your transcript request, please submit this form with your payment and indicate at the top that it is a copy of your faxed request.*

1. All requests for transcripts **MUST** be submitted in writing and your **signature is required**. **We will not accept transcript requests via e-mail or telephone.**
2. Requests are processed within two business days except for peak times at the beginning and end of semesters.
3. No transcript will be released to/for any student with an outstanding financial obligation to the College.
4. **Any transcript fees not paid at time of request will result in an immediate hold being placed on future transcript requests.**
5. Fees: **(Make checks payable to Randolph-Macon College)**
  - \* \$5.00 – Mailed (official) and/or Faxed (unofficial)
  - \* No Charge – If picked up in person (unofficial copies only)
6. You must use a separate form for each mailing address to which you are forwarding transcripts.

**Indicate type and number:**

Official    \_\_\_\_\_ Number of Copies     
  Unofficial    \_\_\_\_\_ Number of Copies

Date of Birth:	
Phone Number:	
Student's Name:	
Street Address:	
City/State/Zip:	
Former Name: <small>(If different while at RMC)</small>	

**Check all that apply:**

<input type="checkbox"/>	Currently enrolled	<input type="checkbox"/>	Mail	<input type="checkbox"/>	Hold for current term grades
<input type="checkbox"/>	Last attended (term):	<input type="checkbox"/>	Pick up on:	<input type="checkbox"/>	Hold for posting of degree
<input type="checkbox"/>	Graduated (date):	<input type="checkbox"/>	Fax to:		

**Please Print:** (I authorize the release of my grades to:)

Recipient's Complete Name:	
Street Address:	
City/State/Zip:	

Signature:	Date:
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Office Use Only:	
Request Received: _____	Amount Paid: _____
Transcript Sent: _____	Amount Due: _____