RANDOLPH-MACON COLLEGE
REGISTRAR'S OFFICE
P.O. Box 5005, Ashland, VA 23005-5505
(804) 752-7227 • (804) 412-2020 (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 per copy – 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: (If different while at RMC)	

Check all that apply:

☐	Currently enrolled	☐	Mail	☐	Hold for current term grades
☐	Last attended (term):	☐	Pick up on:	☐	Hold for posting of degree
☐	Graduated (date):	☐	Fax to:		

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

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

Signature:	Date:

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