



Roxbury Community College Transcript Request Form

Regular: \$5.00 for first copy and \$2.00 for each additional copy
Express Transcript (Same Day): \$10.00 per copy.

Please allow minimum five business days to process requests for current students and recent attendees. (Note: Transcripts will be held for 30 days then destroyed)

During the weeks of Registration and Commencement, transcript preparation will be delayed.

In accordance with federal law, transcripts cannot be released without the consent of the student.

NAME: _____	ID Number:	
Former Name: _____	Social Security #:	
Date of Birth: _____	TEL#: _____	
SIGNATURE: _____	Date: _____	

First Year Enrolled: _____	Last Year Enrolled: _____
<input type="checkbox"/> Please hold my request until my CURRENT term grades are posted.	
<input type="checkbox"/> Please hold my request after grade change for _____ has been made.	

Number of Transcripts request: _____				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____ Regular: \$5.00</td> <td style="width: 50%; border: none;">_____ Additional: \$2.00</td> </tr> <tr> <td style="border: none;">_____ Express (Same Day):</td> <td style="border: none;">\$10.00 per copy.</td> </tr> </table>	_____ Regular: \$5.00	_____ Additional: \$2.00	_____ Express (Same Day):	\$10.00 per copy.
_____ Regular: \$5.00	_____ Additional: \$2.00			
_____ Express (Same Day):	\$10.00 per copy.			
<input type="checkbox"/> I will PICK UP my transcript(s).				
<input type="checkbox"/> Please Mail to: _____ <i>*Please print clearly. Use back of form if needed*</i>				

Number of copies to address 1: _____ _____ Name _____ Street _____ City State Zip	Number of copies to adress 2: _____ _____ Name _____ Street _____ City State Zip
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Office Use Only

Business Office Amount Received: \$ _____ Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Date Received: _____ Received by: _____	Registrar Office Date Sent: _____ Pick Up: _____ Initial: _____
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