

RAINY RIVER COMMUNITY COLLEGE

TRANSCRIPT REQUEST FORM

Name _____

Student ID Number Or Social Security Number _____

Date of Birth _____ Phone Number _____

Mailing address _____

_____ City State/Province Zip/Postal Code

Last date of attendance or graduation year _____

SEND MAIL TRANSCRIPT TO:

College _____

Address: _____

OR

FAX TO: _____

- _____ Send Now
- _____ Send After Grades
- _____ Send After Degree

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Student signature _____ Date _____

Mail or Fax Request to:

RAINY RIVER COMMUNITY COLLEGE
Registration
1501 Hwy 71
International Falls, MN 56649

Fax 218-285-2314

Transcript requests are processed within 48 hours.