

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

Transcript Charge  
 \$5.00 – Official Copy  
 \$5.00 – Faxed Copy  
 \$1.00 – Unofficial/Student Copy

Payment Method  
 \_\_\_\_\_ Cash  
 \_\_\_\_\_ Check  
 \_\_\_\_\_ Credit Card  
 Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Mail or Fax Request to:

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

**Fax 218-285-2239**

**Transcript requests are processed within 48 hours.**