

EMPLID _____

**RHODE ISLAND COLLEGE
OFFICIAL TRANSCRIPT REQUEST**

Please Print Clearly

Name _____ Maiden Name _____

Social Security No. _____

Address _____

City _____ State _____ ZIP Code _____

Date of Request _____ No. of Copies Requested _____

I authorize Rhode Island College to release my transcript to the party named below:

Student Signature _____

Please Circle the answers that best describe your status at the College:

I am currently enrolled	Yes	No
As an	Undergrad	Graduate
EEP Student		

Approximate Date of Attendance: _____

Date graduated from RIC: _____

Send (circle one): Now After Semester Grades are posted After Degree is posted

MAIL TRANSCRIPT TO:

Institution: _____

Attention of: _____

Address: _____

City: _____ State _____ ZIP Code _____