



Workforce & Economic Development Request for Transcript (non-credit)

Please complete a separate request form for each transcript copy that you want.

NO TRANSCRIPT WILL BE ISSUED UNTIL ALL FINANCIAL OBLIGATIONS TO THE COLLEGE HAVE BEEN SATISFIED. WE DO NOT FAX TRANSCRIPTS. THE REGISTRAR'S OFFICE REQUIRES A 24-HOUR NOTICE OF A TRANSCRIPT REQUEST.

Name _____ SSN* _____

Date of Birth _____ Phone Number _____

Last term of enrollment (include current term): _____

Mail to: Richmond Community College WED - PO Box 1189 - Hamlet, NC 28345 **OR fax to:** (910) 582-7102

You may also email the request directly to ceregsitrar@richmondcc.edu.

For any questions, contact the assistant registrar at (910) 410-1703

****SSN is needed for Official transcripts.***

DO YOU WANT: To pick up transcript The College to mail the transcript to:

Name

Address

City

State

Zip
Code

Country

Signature: _____

Current Date

FOR OFFICIAL USE: Transcript issued (date) _____ By: _____