

Student ID # (if known) \_\_\_\_\_

**RHODE ISLAND COLLEGE  
OFFICIAL TRANSCRIPT REQUEST**

Please Print Clearly

Complete form and mail to  
Records Office  
Rhode Island College  
600 Mt. Pleasant Avenue  
Providence, RI 02908

You may fax to:  
(401) 456-8108

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Date of Request \_\_\_\_\_ # of copies requested \_\_\_\_\_ (10 Max.)

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

EEP Student

Undergrad

Graduate

Approximate date of attendance: \_\_\_\_\_

Date graduated from RIC (if applicable): \_\_\_\_\_

Send (check one):

Now

To also request a copy for yourself, check here

After semester grades are posted

To also request a copy for yourself, check here

After degree is posted

To also request a copy for yourself, check here

**MAIL TRANSCRIPT TO:**

Institution: \_\_\_\_\_

Attention of: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_