

Email: studentrecords@rccc.edu

Transcript Request Form

Corporate and Continuing Education

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), current and former students needing copies of their Continuing Education transcript must make a request via this Transcript Request Form. The requests can be mailed, faxed, presented in person, or scanned and emailed to the address above. The request must bear the original signature in pen and ink by the student, cursive fonts will not be accepted. Phone requests are not acceptable.

Student Name:		
Last:	First:	MI:
Maiden or Other Name:		
Mailing Address:		
City:	State:	Zip:
Date of Birth:	Telephone:	
Please specify area for which you want t	ranscript printed:	
 Law Enforcement In-Service Train Fire/EMS General Continuing Education Other: please specify types of 	ning classes	
Please specify the type of transcript requ	uested:	
Student CopyOfficial Copy		
Mail Transcript To: We must have com	plete and accurate address (es)	
I hereby authorize Rowan-Cabarrus Co	ommunity College to release my tran	script as requested.
Signature of student:		Date: