

**River Valley Community College
Office of the Registrar
One College Drive
Claremont, NH 03743-9707
(603) 542-7744 / Fax: (603) 543-1844**

AUTHORIZATION TO RELEASE TRANSCRIPT

Please use a pen and print clearly. Complete one form for each address. If more than one copy will be sent to the same address, only one request authorization is necessary.

PLEASE FORWARD _____ TRANSCRIPT(S) TO:
(number of copies)

_____ Official

Name: _____

_____ Unofficial

Address: _____

_____ *Allow 3-4 working days for processing.*

TRANSCRIPT ACTION:

ENROLLMENT STATUS AT RVCC:

Check one:

Currently enrolled:

Former student:

- Send transcript immediately
- Student will pick up
- Hold for current semester final grades
- Hold until notation of degree award is posted on transcript

Program: _____
Not in program: _____

Program: _____
Year graduated: _____
Year withdrew: _____
Not in program: _____

Student's Signature: _____ Date: _____

Please print your name & address below:

Telephone Number: _____

E-Mail Address: _____

ID: _____

Date of Birth (optional): _____

Are you are current or former Running Start high-school student? Yes No

If you have attended using another name, print that name here: _____

FEES: First & Second Transcript: No charge
Subsequent Transcripts: \$3.00 per set

Faxed copies will be an additional \$5.00 per transcript.

(Fees, if applicable, must accompany this request form.)

FOR OFFICE USE ONLY:

First Free Copy
 Second Free Copy

Date Transcript Processed: _____
Fee received (if applicable): _____