

# AUTHORIZATION TO RELEASE TRANSCRIPT



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

Complete separate forms for each request if being sent to different recipients. If multiple transcripts to the same recipient, only one release form is necessary. Please print clearly & sign in ink.

PLEASE FORWARD \_\_\_\_\_ TRANSCRIPT(S) TO:  
(# of transcripts)

Please check one

Name/Institution: \_\_\_\_\_

\_\_\_\_\_ Official

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

\_\_\_\_\_ Unofficial

\_\_\_\_\_  
\_\_\_\_\_

Allow 5-7 working days for processing.

| TRANSCRIPT ACTION:  | ENROLLMENT STATUS AT RIVER VALLEY CC: |                        |
|---|---------------------------------------|------------------------|
| <b>Check one:</b>   | <b>Currently enrolled:</b>            | <b>Former student:</b> |
| <input type="checkbox"/> Send transcript immediately            | Program: _____                        | Program: _____         |
| <input type="checkbox"/> Student will pick up                   | Not in program: _____                 | Year graduated: _____  |
| <input type="checkbox"/> Hold for current semester final grades |                                       | Year withdrew: _____   |
| <input type="checkbox"/> Hold until notation of degree/ award   |                                       | Not in program: _____  |

Please print your name & address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_  
E-Mail address: \_\_\_\_\_  
ID#: @ \_\_\_\_\_  
Date of Birth (optional): \_\_\_\_\_

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FEEES: First two transcripts are free. Subsequent transcripts are \$3.00 each. Requests for faxed copies will be an additional \$5.00 per transcript.**

Method of Payment:

Cash (in person requests only)  
 Check attached (payable to "River Valley Community College".)  
 Credit Card # \_\_\_\_\_ (Mastercard, Visa, or Discover)  
Expiration Date \_\_\_\_\_

FOR OFFICE USE ONLY: \_\_\_ First Free / \_\_\_ Second Free / \_\_\_ Fee received (if applicable) / Date processed: \_\_\_\_\_