

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:

Check one:

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

ENROLLMENT STATUS AT RIVER VALLEY CC:

Currently enrolled:

Program: _____
Not in program: _____

Former student:

Program: _____
Year graduated: _____
Year withdrew: _____
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: _____

**FEES: 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: _____
(11/4/11 SG)