

Received:



Processed:

River Valley Community College
1 College Place, Claremont, NH 03743
438 Washington Street, Keene, NH 03431
15 Hanover Street, Lebanon, NH 03766

www.rivervalley.edu 603-542-7744 rivervalley@ccsnh.edu

TRANSCRIPT REQUEST FORM

A _____, _____
Student ID#, if known Last Name First Name MI

Name while attending (if different from above): _____

Address: _____
Street/PO Box, Apt # City State Zip Code

Email Address: _____

Telephone #: _____ Last 4 #s of SSN: ____ DOB (optional): _____

RVCC implemented an electronic database in 1993, did you attend:
Before 1993 After 1993 Both Before and After 1993
To help us best locate records if prior to 1993, did you graduate from a program? Yes No
If yes, what was the program name: _____

Would you like us to:
____ Process transcript now, ____ Hold for current semester grades, ____ Hold until notation of degree is posted
____ Please mail the transcript (currently RVCC is only mailing hard copies of transcripts and is not sending electronic or faxed transcripts)
____ Transcript is issued to student and student would like to pick up transcript in Claremont

Issue Transcript to: Name / Institution: _____
Attention: _____
Mailing Address, Line 1: _____
Mailing Address Line 2: _____
City: _____ State: _____ Zip Code: _____

Transcripts will not be issued if you have any outstanding financial obligations with RVCC or any other CCSNH institution. Please fill out separate forms for additional requests. Please allow 5-7 working days for processing. Transcripts issued to an institution cannot be sent to or picked up by the student. This form must be signed with ink.

Please email this completely filled out and signed form to: RVCCRegistrar@ccsnh.edu
You may also fax it to: (603) 543-1844 or Mail it to: RVCC, Attn: Registrar's Office, 1 College Place, Claremont, NH, 03743

Student Signature: _____ **Date:** _____

Registrar's Office Use Only

Notes: