



### Official Transcript Request

Failure to complete this entire form may result in a delay in releasing your transcript. There is a \$5.00 fee for each transcript requested. Payment must be received before a transcript will be mailed. Please allow five (5) business days for your request to be processed. Transcripts will not be released to those with financial obligations to Rockford Career College.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Student ID# or Last Four Digits of SS# \_\_\_\_\_

The name I attended RCC under was \_\_\_\_\_

I wish to have my transcripts sent to the address below:

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

In order to comply with the provisions of the Family Educational Rights and Privacy Act of 1974, we must obtain a signed authorization before we can release student information.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail form and payment made out to Rockford Career College to:

Rockford Career College  
Office of the Registrar  
1130 South Alpine, Suite 100  
Rockford, IL 61108

<b>For Office Use Only:</b>	
_____	Amount Paid
_____	Check Number
_____	Date Mailed
_____	Initials