

Rainy River Community College

TRANSCRIPT REQUEST FORM

Last Name First Middle (Maiden/Other Name) Today's Date

Your Information:

Student ID Number or last four numbers of SSN: _____

Birth Date: _____

Current Mailing Address: _____

Telephone Number: _____

When did you attend RRCC? _____

When do you need this request processed? Now After final grades are posted After degree is posted

Please Mail Transcript to the Address Below:

NAME/ORGANIZATION _____

STREET ADDRESS/PO BOX _____

CITY, STATE ZIP CODE _____

Please fax transcript to: _____ (Not Official)

Please email transcript to: _____ (Not Official)

X _____

Student Signature (Required to release transcripts)

I understand that emailing and faxing may not be secure methods of sending my information.

Send completed form and payment to:

Records Office
Mesabi Range College
1001 Chestnut Street West
Virginia, MN 55792

or

Fax to 218-749-0318

or

Scan and email to: transcripts@mesabirange.edu

Transcript Fees:

Copies x Fee

Official Copy - \$5 each ___ x \$5 = _____

Student Copy - \$3 each ___ x \$3 = _____

Fax- \$8 each (not official) ___ x \$8 = _____

Emailed Copy (not official) ___ x \$5 = _____

Total Due \$ _____

Cash Check/Money Order (make payable to MRCTC)

VISA/MasterCard/Discover Information

Please call 218-742-3436 with credit card information.

Email and fax may not be secure methods of sending your information.

****Once your payment is received, your transcript request will be processed. ****

EFFECTIVE 6/19/17 MRC WILL BE PROCESSING RRCC TRANSCRIPT REQUESTS