Rainy River Community College
TRANSCRIPT REQUEST FORM

**Your Information:**

- Last Name: ____________________________  First: ____________________________  Middle: ____________________________  (Maiden/Other Name): ____________________________  Today’s Date: __________

- 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

<table>
<thead>
<tr>
<th>Transcript Type</th>
<th>No.</th>
<th>Fee</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Official Copy</td>
<td></td>
<td>$ 5.00</td>
<td>$</td>
</tr>
<tr>
<td>Student Copy</td>
<td></td>
<td>$ 3.00</td>
<td>$</td>
</tr>
<tr>
<td>Fax Copy, not official</td>
<td></td>
<td>$ 8.00</td>
<td>$</td>
</tr>
<tr>
<td>Email Copy, not official</td>
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<td>$ 5.00</td>
<td>$</td>
</tr>
</tbody>
</table>

- **Total Due:** $_________

- Payment Method:
  - ☐ Cash
  - ☐ Check/Monday Order Payable to MRCTC

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

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