

TRANSCRIPT RELEASE FORM

Reid State Technical College
Enrollment Management
P. O. Box 588
Evergreen, AL 36401
Phone: (251) 578-1313 Fax: (251) 578-4824
www.rstc.edu

STUDENT INFORMATION:

PRINT FULL NAME _____
(Last) (First) (Middle) (Maiden)

STUDENT NUMBER _____ BIRTHDATE _____

CURRENT ADDRESS _____

PHONE _____
City State Zip Area Code Number

ATTENDANCE:

Dates of Attendance _____

PROCESSING REQUEST(S):

Number of copies requested _____ Requested for ___ Admissions ___ Employment ___ Self ___ Other _____

- _____ Mail now
- _____ Will pick up (Photo ID required for pick-up)
- _____ Hold for current semester grades
- _____ Release to third Party with student's written permission.
Party Name _____

MAIL TRANSCRIPT TO NAME AND ADDRESS BELOW:

If transcripts are to be sent to more than one address, please complete a separate form for each recipient.

I hereby authorize and request Reid State Technical College to release my official transcript to those listed above. Requests for transcripts of work taken at another institution should be directed to that institution. "OFFICIAL" transcripts needed for employment or admission to another university, etc., will NOT be released /mailed to a student.

Student's Signature

Date

FOR OFFICE USE ONLY Process Date _____ Processed by _____