REQUEST FOR TRANSCRIPT
Office of the Registrar
Rensselaer Polytechnic Institute
110 8th St.
Troy, NY 12180-3590
Phone: 518-276-6231   FAX: 518-276-6180   Email: registrar@rpi.edu

Student ID #: __________________ OR Date of Birth: __________
Date: _____________________
Name: ____________________________________________            Phone #:___________________
   (LAST)                                       (FIRST)                (MI)
Dates
Your Signature: ________________________________________                Attended: _________________
RPI           (mo/yr-mo/yr)
Email address: __________________________________________

TRANSCRIPT TYPE

☐ OFFICIAL TRANSCRIPT: All transcripts will be addressed to the agency for which they are ordered, and mailed by either this office, or by the student.
   ______ Process immediately ________ Include attached form
   ______ Send after my degree is posted at end of current semester
   ______ Send after current semester grades and ranks are posted

☐ UNOFFICIAL TRANSCRIPTS: Quantity _____ (Student may request up to 10 unofficial transcripts per term)
   ______ Process immediately
   ______ Send after my degree is posted at end of current term
   ______ Send after current semester grades and ranks are posted

DELIVERY METHOD

☐ CHECK HERE IF YOU WILL PICK UP THE TRANSCRIPTS.

☐ MAIL TRANSCRIPT TO: (Please Print Clearly)

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

PLEASE NOTE: THE REGISTRAR’S OFFICE CANNOT EMAIL OR FAX TRANSCRIPTS