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 #: __________ - ______ - ______

Name: ____________________________ (LAST) (FIRST) (MI) Phone #: ___________________

Date: ____________________________

Email address: ____________________________

Date: ____________________________

Phone #: ___________________

RPI (mo/yr-mo/yr)

YOUR SIGNATURE: ____________________________

Attended: ____________________________

Included attached form

TRANSCRIPT TYPE

OFFICIAL TRANSCRIPT: Students may request one official transcript for personal use per semester. All other transcripts will be addressed to the agency for which they are ordered, and mailed by either this office, or by the student.

_______ Process immediately

_______ 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: TRANSCRIPTS MAY NOT BE FAXED OR EMAILED TO ANY DESTINATION

Office use only (Rev 6/08)

Name: ____________________________

Date sent: ______________________

No charge for this service