



## Official Transcript Request

Mail to: Records Department  
Rhodes State College  
4240 Campus Drive, Lima, OH 45804  
Phone: (419) 995-8319

Please Note: No records will be released if there is an outstanding obligation to the institution.

### Please Check Service Desired :

- ☐ Standard Service 5 business days (\$5.00 per copy)      Number of Official Copies \_\_\_\_\_      Dollar Amount Enclosed \$ \_\_\_\_\_
- ☐ Hold for current term grades
- ☐ Overnight Mailing Fee: Add (\$18.30) for each overnight transcript

**Payment must accompany all requests. Make checks payable to Rhodes State College.**

Full Name: \_\_\_\_\_

ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Former Name(s) used at institution: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Attendance: From \_\_\_\_\_ to \_\_\_\_\_

Did you graduate?      Yes ☐      No ☐

**Please, allow 5 business days after receipt by institution for processing.**

**(I.D. must be shown when picking up transcripts)**

- ☐ Mail transcript(s) to address above.
- ☐ I will pick up transcript(s) on (day) \_\_\_\_\_

Name of person picking up transcript if other than yourself  
(Person must have their photo ID) \_\_\_\_\_

- ☐ Mail transcript(s) to address below.

### SEND TRANSCRIPT TO:

**You must include the complete address and contact name before we can process your request.**

Attn: \_\_\_\_\_

Company/School: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Transcripts are released in accordance with the Family Educational Rights and Privacy Act of 1974, as amended.**

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

Date Paid \_\_\_\_\_ Receipt # \_\_\_\_\_ By \_\_\_\_\_

Date Transcript Processed \_\_\_\_\_ By \_\_\_\_\_