



Office of Student Services	
Rolla Technical Institute 1304 East 10 th Street Rolla, MO 65401 Office: 573.458.0150 Fax: 573.458.0155	Rolla Technical Center 500 Forum Drive Rolla, MO 65401 Office: 573.458.0160 Fax: 573.458.0164

STAFF USE ONLY	
Staff	_____
Amount	_____
Check/M.O. #	_____
Cash	_____
Receipt #	_____
Hold on Account	_____

Transcript Request Form

Please print clearly and fill in all portions of the form.

Student Information

Name _____
Last First Middle

Current Address _____
City State Zip

Current Phone # _____
Home Cell Other

Social Security # _____ Date of Birth _____

Other Name(s) While Attending _____ Last Attended (Year) _____

Program _____

Transcript Processing

Mail Please provide as much mailing information as possible. Quantity of Requested Transcripts

Address #1 _____

Address #2 _____

Fax **Unofficial ONLY** Fax Number (_____) _____
Attention _____

Will Pick Up **Unofficial ONLY**

Transcript Policy: Student records are confidential, and transcripts are issued only at the written request of the student. They are normally processed within seven days. Transcripts will not be released if you have a past due balance with Rolla Technical Institute/Center.

Payment

A processing fee is due at the time of the request. All transcripts are \$5.00 each. Please make your check payable to Rolla Public Schools.

Signature (Required for authorization to release your transcript.) _____ Date _____