



Office Use Only

Date Sent _____

By _____

Academic Transcript Request

RIT Transcript Policies

1. Release of transcripts requires the student's signature.
2. **Please allow one week for processing from the date the transcript request is received.**
3. Transcripts will not be issued until all outstanding debts to the Institute have been paid in full.
4. RIT will not be responsible for undeliverable transcripts due to an inaccurate address.
5. RIT will not duplicate transcripts from U.S. or international high schools or other universities you attended. Please contact them directly.
6. There is no fee charged for processing and mailing a transcript via first-class mail.
For a FedEx mailing, a MasterCard or Visa charge number, an expiration date and signature are required.
7. We do not fax transcripts, as they are not considered official documents.

Name _____ University ID No. _____
Last First Middle

Prior Name _____ Date of Birth _____
If you attended RIT under a different name, please indicate above. Month / Day / Year

Please check and complete all that apply to you:

- I am a current RIT student
- I am NOT a current RIT student. The year I last attended RIT was _____
- I graduated from RIT: Year _____ Degree _____
- I attended prior to 1975
- I attended Eisenhower College
- I attended through Project Lead the Way

Contact information

This contact information will be used if there are questions pertaining to your request.

phone number with area code

e-mail address

Transcripts Requested:

No. of Official Copies _____

No. of Student Copies _____

Most universities will not accept a transcript to award transfer credit if it is hand delivered or says "issued to student". RIT recommends that all such transcripts be mailed directly to the university by RIT.

- I will **pick up** the transcript at the Registrar's Office.
 - Hold for current quarter grades.
 - Hold until my degree is posted.
 - Hold until a Change of Grade or Repeat is processed for:
Quarter _____ Course No. _____
 - Please ship via Fed Ex. and charge to this account

MC • V • FedEx Expiration date _____
- OR** Please **mail** to the following

Name _____

Address _____

City/State/Zip _____

I authorize issuance of transcript as indicated on this form.
(Transcript/s WILL NOT be processed without your signature).

Signature: _____

Date: _____

Name _____

Address _____

City/State/Zip _____

Mail to:
Rochester Institute of Technology
Registrar's Office
George Eastman Bldg.
27 Lomb Memorial Drive
Rochester, NY 14623-5603

Fax to:
585/475-7540