

NEW RIVER Community College

TRANSCRIPT REQUEST

Instructions: Please print neatly and include all details in address. If submitting a form for a centralized application service, please make sure you attach it to this form. **All official copies must be mailed or picked up by the student.** Holds for obligations to the college may prevent transcript release.

Name: _____ Empl ID and/or SSN: _____

Current Address: _____

Phone #: (____) _____ Birthdate _____

Signature (REQUIRED): _____ Date: _____

(Students may request up to five transcripts per day.)

Processing Request:

_____ Immediate _____ Hold until current semester grades are posted _____ Hold for degree posting

Send To: (Please attach form if required) _____ Admissions (New Student) _____ Registrar (Current Student)

PLEASE WRITE LEGIBLY

1. Name of Person, College or Organization: _____

Address: _____

2. Name of Person, College or Organization: _____

Address: _____

3. Name of Person, College or Organization: _____

Address: _____

4. Name of Person, College or Organization: _____

Address: _____

5. Name of Person, College or Organization: _____

Address: _____

Send transcript request to:

NRCC Admissions and Records, 5251 College Drive, Dublin, VA 24084

FAX: (540) 674-3644 PHONE: (540) 674-3603 **SCAN REQUEST FORM ONLY: admissions@nr.edu**

Every effort will be made to mail the transcript within 5 business days of the receipt of request. This time will be extended during peak times (i.e., registration, end of semester and/or graduation).