

Roane State Community College
Records and Registration Office
276 Patton Lane
Harriman, Tennessee 37748-5011
Fax # (865) 882-4527



Request and Authorization for Release of Transcript

Business Office Use

Fee Paid _____

Date _____

Initial _____

Fee: A charge of \$2 each will be assessed for request totaling more than ten (10) in any term.

Signature _____

Name _____
Last First Middle

Student ID R _____

Address _____

Date of Birth

City State Zip

Maiden or Previous Name _____

Current Telephone or Cell Phone Number _____

Date of Request

No. of copies

Note: No transcript of a student's record will be issued for a student whose obligations to RSCC have not been satisfied. Ordinarily, transcripts will be issued within one week; however, please allow two weeks when the request is made at the end of a term.

To Be Sent: () Now () End of Term () After degree is posted
() Student copy (for personal use) () Official

Please send to: _____

This form is to be used for the release of the permanent academic record of any student to any party other than those listed in Section 99.30 of the Family Educational Rights and Privacy Act (Public Law 93-380).

Date released _____ By _____ (initials)

EDI sent _____ Fax sent _____ EDI and Mailed _____ Mailed _____