



Office of the Registrar

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(401) 254-3510 Fax: (401) 254-3363

STANDARD DELIVERY TRANSCRIPT REQUEST FORM

PLEASE PRINT CLEARLY.

Name: _____

Address: _____

City/State/Zip: _____

Current Phone Number: _____ Email: _____

RWU ID Number _____ or Last 4 digits of SSN: _____

Name(s) you attended under: _____

I authorize the issuance of my transcript as indicated on this form.

Signature & Date: _____

<input type="checkbox"/> <u>Request purpose</u> <input type="checkbox"/> Common Application <input type="checkbox"/> Transfer Application <input type="checkbox"/> <u>Hold my request for:</u> <input type="checkbox"/> current term grades <input type="checkbox"/> degree or certificate posting
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Dates of Attendance at Roger William University (approximate)

Currently enrolled From _____ To _____

Did you graduate? _____ mm/yy_____

Specify number of copies to be sent to address below: _____

Send to: _____

Attention of: _____

Address: _____

City/State/Zip: _____

A fee of \$5 is charged for each copy of your transcript. In- person requests may be paid with cash, check (made out to Roger Williams University) or a credit card. Faxed or e-mail requests registrar@rwu.edu must include a valid credit card number. All financial obligations must be met before transcripts are issued. RWU will not be responsible for undeliverable transcripts due to inaccurate address.

Date Received _____ Date Issued _____

Rev 2/19/15

Specify number of copies to be sent to address below: _____

Send to: _____

Attention of: _____

Address: _____

City/State/Zip: _____

<p>Circle one: VISA MasterCard AMEX Discover</p> <p>Credit Card Number: _____</p> <p>Expiration Date: _____ / _____ 3 or 4 digit Security Code _____</p>
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