



# OFFICIAL TRANSCRIPT REQUEST

Student Registration and Records Office

4240 Campus Drive Lima, OH 45804 | (419) 995-8473 | www.RhodesState.edu

Business Office  
Rhodes State College  
4240 Campus Drive  
Lima, OH 45804

**Please Note:** No records will be released if there is an outstanding obligation to the institution.

**1. Check Service Desired:** Transcripts are currently being processed once a week. It may take up to 5 business days to process.

**Standard Service (\$5.00 per copy)**    **Number of Official Copies:** \_\_\_\_\_    **Dollar Amount Enclosed:** \$ \_\_\_\_\_

**USPS Priority Mailing Fee:** \$ \_\_\_\_\_  
Add \$24.70 for each transcript. (\$5.00/transcript + \$24.70/mailing = \$29.70)

**Hold for current term grades**     **Hold for awarding of degree**

Email completed form to [cashier@rhodesstate.edu](mailto:cashier@rhodesstate.edu) and then call the Business Office at (419) 995-8473 to make credit card payment or mail completed form to address above. Payment must accompany all requests. **Make checks payable to "Rhodes State College".**

## 2. Student Information

Full Name \_\_\_\_\_

Former/Maiden Name(s) \_\_\_\_\_

Student ID (R#) or SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Dates of Attendance: From \_\_\_\_\_ to \_\_\_\_\_

Did you graduate from Rhodes State College/Lima Technical College?     Yes     No

## 3. Select Mailing Option

Please, allow up to 2 weeks for receiving institution to process.

Mail transcript(s) to address above.     Mail transcript(s) to address below.

Complete contact name/address if transcript is being sent to an address other than your own.

Attention \_\_\_\_\_

Company/School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 4. Student Signature:

Transcripts are released in accordance with the Family Educational Rights and Privacy Act of 1974, as amended.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Date Paid \_\_\_\_\_ Receipt # \_\_\_\_\_ By \_\_\_\_\_

Date Transcript Processed \_\_\_\_\_ By \_\_\_\_\_  Attachment Sent

