



Rochester Institute of Technology  
Office of the Registrar  
585/475-2821

Office Use Only

Date Sent \_\_\_\_\_

By \_\_\_\_\_

## Academic Transcript Request

### RIT Transcript Policies

1. Release of transcripts requires the student's signature.
2. Allow one week for processing.
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. You must contact the other institution directly.

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Last First Middle

Prior Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

If you attended RIT under a different name, please indicate above. Month / Day / Year

**Please check the following boxes and fill in the blanks which apply to you:**

- I am a current RIT student.
- I am NOT a current RIT student. I last attended during the the academic year \_\_\_\_\_
- I graduated from RIT: Year \_\_\_\_\_ Degree \_\_\_\_\_
- I attended prior to 1975.
- I attended Eisenhower College.

### Transcripts Requested:

# of Official Copies \_\_\_\_\_

# of Student Copies \_\_\_\_\_

} Most universities will not accept a transcript for purposes of awarding transfer credit if it is hand delivered or indicates "issued to student". RIT recommends that all such transcripts be mailed by RIT.

I will pick up transcript at the Registrar's Office. OR  Please mail to the following:

- Hold for current quarter grades.
- Hold until degree is posted.
- Hold until change of grade or repeat is processed for:  
Quarter \_\_\_\_\_ Course # \_\_\_\_\_

Send transcripts to Lyndsey McGrath  
to be Fed Ex-ed (01-2210)

I authorize issuance of transcript as indicated on this form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**Fax to:**  
585/475-7005

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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