



OFFICIAL TRANSCRIPT REQUEST  
for SOU or OSU DPP ONLY

(This form is to be used for SOU or OSU Degree Partnership Program only) NO FEE IF SENDING TO SOU or OSU DPP  
All other transcript requests must be ordered online through the National Student Clearinghouse

E-mail, fax, or mail completed **signed** form to:

Registrar@rogucecc.edu  
Fax (541) 471-3585  
Registrar  
Rogue Community College  
3345 Redwood Highway  
Grants Pass, OR 97527

<input type="checkbox"/> Send now
<input type="checkbox"/> Will pick up
<input type="checkbox"/> Hold (see below)

<b>Hold For:</b>	<input type="checkbox"/> Grade Change	<input type="checkbox"/> Current Term Grades	<input type="checkbox"/> Degree Notation	<input type="checkbox"/> Alpha Zeta Pi
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Date: \_\_\_\_\_ RCC ID: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Previous \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Student Signature (Required) (Digital Signature NOT accepted)

**Allow 5-7 business days for normal processing and standard USPS mail.**

**Transcript Destinations - SOU or OSU DPP only**

\_\_\_\_\_ **Total Transcripts Requested**

Quantity \_\_\_\_\_  
School: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Quantity \_\_\_\_\_  
School: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

<b>For Office Use Only</b>	
Printed By: _____	Date Mailed: _____
Transcripts sent by EDI <input type="checkbox"/>	
Hold <input type="checkbox"/> Unable to process – Student notified by _____	