



Rochester Institute of Technology
Office of the Registrar
585/475-6178

Office Use Only
Date Sent _____
By _____

Academic Transcript Request

RIT Transcript Policies

1. Release of transcripts requires the student's signature.
2. Please allow one week for processing from the date the transcript request is received.
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 institutions 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 and complete all that apply to you:

- I am a current RIT student.
- I am NOT a current RIT student. The academic year that I last attended RIT was _____.
- I graduated from RIT: Year _____ Degree _____.
- I attended prior to 1975.
- I attended Eisenhower College.
- I attended through Project Lead the Way.

Contact phone number
_____/_____ area code
This number will be used if there are questions pertaining to your request.

Transcripts Requested:

of Official 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 directly to the university by RIT.

of Student Copies _____ }

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

- Hold for current quarter grades.
- Hold until my degree is posted.
- Hold until a Change of Grade or Repeat is processed for:
 Quarter _____ Course # _____

Name	_____
Address	_____ _____
City/State/Zip	_____

I authorize issuance of transcript as indicated on this form.
 (Transcript/s WILL NOT be processed without your signature).

Signature: _____

Date: _____

Name	_____
Address	_____ _____
City/State/Zip	_____

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

Fax to: 585/475-7540