

Official Transcript Request
Richmont Graduate University Records Office
1815 McCallie Avenue Chattanooga, TN 37404
PHONE (423) 6482668 FAX: (423) 267375

For office use only:
% Sent Transcript
% E-mailed Student
% Addt [form sent
% Attachment
Date _____

Date of Request: _____

* Student Information:

Name (first, middle, last): _____

Address: _____ Phone number: _____

Email: _____

City, St, Zip: _____ Student ID#(Not SS#) _____

ALL previous names: _____ Dates attended PSI/RGU: _____

Degree/certificate earned: _____

Date graduated: _____ Number copies requested

* Service Requested:

Please select one:

% Mail transcript now.

% D] o š Œ v • Œ] % š (š Œ š Z] • • u • š Œ [• P Œ • Œ % } • š X

% Mail transcript after degree is conferred if you are graduating, this is likely the option you want

Please select one:

% Transcript to be mailed within one business week.

% Transcript to be picked up from the Records Office within one week.

% Transcript to be mailed within 24 hours (\$10.00 fee) PLEASE CALL RECORDS OFFICE TO REQUEST THIS SERVICE. Not available after 4pm on Thursdays

% Transcript to be overnighted (\$40.00 fee) PLEASE CALL RECORDS OFFICE TO REQUEST THIS SERVICE. available after 3pm on Thursdays.

* Method of Payment

_____ Please fill in total charge for transcripts.

% No Charge for 5 copies

% \$15.00 for 10 copies

% \$30.00 for 15 copies

% \$45.00 for 20 copies

% Check enclosed.

% I will phone with my credit card information (Please call Moose Lutes or Larry Crow at (888) 4673).

NOTE If you are requesting transcripts to be sent to more than one address
Please use additional forms.

* Z] %] v š [• / v ((Requires)) } v

Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

If sending to a state licensure board, have you already submitted your application? Yes No

If yes, please list date of submission: _____

* Signature (Required) _____

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* Denotes Required section. Please complete entirely and turn in to the Records Office.

FOR OFFICE USE ONLY:

Authorization from the Business Office: _____ Date: _____