

**Office of the Registrar**

2101 Carmel Road  
Charlotte, NC 28226

**Transcript Request**

Dear Registrar:

I am requesting that you send an official transcript of my academic record to  
(name & address of receiving institution):

Personal Information (please print):

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Dates Attended RTS: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

My **payment of \$20 for each transcript** requested is enclosed with this request. (payable to "RTS"). ***Thank you for your assistance.***