

Rhodes College Transcript Request Form

Please print

Today's Date: _____

Student's current name: _____
Last First Middle

Former Name (name printed on diploma) if difference from current name: _____

Current Address: _____
City _____ State _____ Zip _____

Rhodes ID: R _____ Current Contact Phone Number(s) _____

E-Mail (confirmation will be e-mailed): **PLEASE PRINT LEGIBLY**

Currently enrolled: Yes No **If not currently enrolled**, Term and Year last enrolled: _____

Transcripts normally will process within 2 business days. At the end of each term transcripts will be processed after grades are posted. **Requests may be faxed to the Rhodes Express at (901) 843-3435, however transcripts must be mailed or picked up.**

Special Services: (Please note: Federal Express does not deliver to a post office box number.)
If you require expedited delivery, please furnish your credit card information and check appropriate box below.
Special services request should include payment receipt from Rhodes Express. Requests for same day service should be placed before 12:00 noon and will be processed by 4:00 p.m.

Number of transcripts you are requesting to the address below: _____

- Mail within 2 business days
- I will pick up transcript.
- Hold for current term's grades.
- Hold for recording of degree awarded. Degree: _____ Date: _____

Please check the transcript service desired:

- Free Regular Transcript service sent USPS or picked up in office.
- \$10.00 per transcript Guaranteed same-day service sent USPS or picked up in office (order by noon).
- \$25.00 per address Regular Transcript service sent Federal Express or other overnight delivery.
- \$35.00 per address Guaranteed same-day service sent Federal Express or other overnight delivery (order by noon).
- \$55.00 per address Transcript service sent International Federal Express or other carrier delivery.

The address below will be displayed in a window envelope to mail your transcript. Please ensure that the address is complete, correct, and legible.

Signature (required):

Credit Card Type _____

Name on Card _____

Credit Card No _____

Expiration Date _____

Recipient's name _____

Company _____

Address _____

Address _____

City _____ State _____
Province _____

Country _____ Zip _____