

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): _____

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

Transcripts normally will process within 3 business days. At the end of each term transcripts will be processed after grades are posted. **Signed requests may be faxed to the Rhodes Express at (901) 843-3435, however transcripts must be mailed or picked up.**

Special Services:**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 3:00 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:

- Regular Transcript service sent USPS or picked up in office 3-5 business days. (No international deliveries)
 \$25.00 per address sent FedEx Standard overnight delivery- delivery by 3pm next business day. (order by noon) CST
 \$35.00 per address sent FedEx Priority overnight delivery-delivery by 10:30 am next business day. (order by noon) CST
 \$55.00 per address for all international deliveries. Sent via FedEx international.

(Please note: Federal Express does not deliver to a post office box number.)

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

**This form requires a signature
& must be faxed or mailed****For Online Ordering with Electronic Signature Processing**
[Click Here](#)**Signature (required):**

Credit Card Type _____

Name on Card _____

Credit Card No _____

Expiration Date _____

NOTE: FedEx will not deliver to a PO Box address – must have street address

Recipient's name _____

Company _____

Address _____

Address _____

State _____

City _____ Province _____

Country _____ Zip _____