



# ROXBORO COMMUNITY SCHOOL

115 Lake Drive, Roxboro, NC 27573

(336) 597-0020

Fax: (336) 597-3152  
www.roxborocs.org

## OFFICIAL TRANSCRIPT REQUEST

*All transcript requests must be made one week in advance of need and students must fill out request form completely. For applications to colleges/universities in North Carolina, students are encouraged to use CFNC to send transcripts electronically. Official transcripts required for out-of-state colleges/universities, scholarship applications, or other programs will be sent directly from RCS or can be picked up from the front desk.*

Student's Full Name: \_\_\_\_\_

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

Phone Number and/or Email Address (if needed for follow-up): \_\_\_\_\_

Date Request Submitted: \_\_\_\_\_ Date Transcript Is Needed: \_\_\_\_\_

Please: Mail \_\_\_\_\_ Email \_\_\_\_\_ I Will Pick Up From Front Desk \_\_\_\_\_

Name of College/University, Scholarship, or Other Program: \_\_\_\_\_

**Complete** Mailing Address (including ATTN: line if applicable): \_\_\_\_\_

Email Address (if applicable): \_\_\_\_\_

Other Special Instructions (ex. if Test Scores need to be sent since they are NOT included on transcripts):  
\_\_\_\_\_  
\_\_\_\_\_

*Roxboro Community School has my permission to send SAT, ACT, AP, or other test data along with my transcript.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if Student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:** Date Sent: \_\_\_\_\_ Guidance Initials: \_\_\_\_\_