ROBESON COMMUNITY COLLEGE

Transcript Request

Student Data

Name: _____
Last First Middle or MI

Phone Number: _____ Student ID Number or Last 4 of SSN: _____

Address: _____
Street/Route City State Zip

Name while enrolled if different from above: _____ Date of Birth: _____

Last term enrolled (if known): Year: _____ Term: Fall ☐ Spring ☐ Summer ☐

Transcripts Requested:

Curriculum (college):	$5.00	☐
Continuing Education:	$5.00	☐
Adult High School (not GED):	$5.00	☐
Same day fee:	$5.00	☐
Total:	$_____	

We Should:

Issue same day:	☐
Issue next day:	☐
Hold until end of semester:	☐
Hold until graduation:	☐

Same day service incurs an additional $5.00 fee per transcript.

Have my transcript mailed to the address below:

Mail to: _____
Name/Organization

_____
Address

_____
City State Zip

Transcript requests may be mailed to: Robeson Community College, Registrar's Office, PO Box 1420, Lumberton, NC 28359 or emailed to: **Registrar@robeson.edu.**

Mailed payments can be made by money order <u>only.</u>

Cash or credit card payments can be made in the Cashier's Office in Building 2 or in Building 13.

To arrange credit card payment by phone after the completed form is emailed to the office, please call **910-272-3453.**

Picking up your transcript:

I will be picking up my transcript: ☐ **(YOU MUST BRING PHYSICAL PHOTO ID!)**

Please allow the person listed below to pick up my transcript. ☐
By signing this form, I am authorizing the person listed below to receive my transcript. **(This person must have physical photo ID to pick up your transcript.)** Please allow 3-5 business days.

Name of person picking up my transcript: _____

Signature: _____ **Date:** _____

For College Use Only

Transcript Fee Received: _____ Receipt #: _____ Amount Paid: $_____

PERC checked for payment: _____ Received by: _____ (BO staff signature)

07/2025