Rhodes College Transcript Request Form

Please print	Today's Date:	
Student's current name:Last		
Last	First	Middle
Former Name (name printed on diploma) if differen	ce from current name:	
Current Address:		
City	State	Zip
Rhodes ID: R	Current Contact Phone Number	er(s)
E-Mail (confirmation will be e-mailed):		
Currently enrolled: ☐ Yes ☐ No If not currently en	rolled, Term and Year last en	rolled:
Transcripts normally will process within 2 business of grades are posted. Signed requests may be faxed must be mailed or picked up.		
Special Services: (Please note: Federal Express If you require expedited delivery, please furnish Special services request should include payment rebe placed before 12:00 noon and will be processed	your credit card information ceipt from Rhodes Express. F	and check appropriate box below.
Number of transcripts you are requesting to the	address below:	
☐ Mail within 2 business days		
☐ I will pick up transcript.		
X Hold for current term's grades.	D 4	
☐ Hold for recording of degree awarded. Degree: _	Date:	-
Please check the transcript service desired:		
X 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	•	
\$55.00 per address Transcript service sent Intern	·	•
The address below will be displayed in a window envelope to ma	il your transcript. Please ensure that t	the address is complete, correct, and legible.
ignature (required):	Recipient's name: Transcripts Office	
	Company: ISEP - International Student Exchange Program	
	Address: 1655 N. Fort Meyer Drive, Suite 400	
	City: Arlington	State/Province: VA
	Country: USA	Zip: 22209