



COMMUNITY COLLEGE  
OF RHODE ISLAND  
Office of Enrollment Services

Official Academic  
Transcript Request

Please print or type all information. You must include your signature at the bottom of this form.

**Student Information**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Banner Student ID \_\_\_\_\_

List any other names used while attending: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**College Information**

Currently Enrolled? Yes/No

If not currently enrolled what were your approximate dates of attendance?  
(term/year)

From: \_\_\_\_\_ To: \_\_\_\_\_

If graduated, what year? \_\_\_\_\_ If withdrawn, what year? \_\_\_\_\_

**Transcript Options**

Number of copies: \_\_\_\_\_ Process immediately: \_\_\_\_\_ Process after degree is posted \_\_\_\_\_

Process after final grades posted: Spring \_\_\_\_ Summer \_\_\_\_ Fall \_\_\_\_

**Mail Transcript to:** (applicant responsible for correct address)

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Additional destinations may be listed on the reverse of this form.  
Allow 5-7 days for processing.  
Transcripts will not be released if there are any outstanding obligations.*

**\*Signature (required)**

Date

**Flanagan Campus**, 1762 Louisquisset Pike, Lincoln, RI 02865-4585 P: 401.825.2003 F: 401.333.7122

**Knight Campus**, 400 East Avenue, Warwick, RI 02886-1807 P: 401.825.2003 F: 401.825.2394

**Liston Campus**, One Hilton Street, Providence, RI 02905-2304 P: 401.455.6060 F: 401.455.6181

**Newport County Campus**, One John H. Chafee Blvd. Newport, RI, 02840 P: 401.851.2003 F: 401.851.1627