



COMMUNITY COLLEGE
OF RHODE ISLAND

Official Academic Transcript Request Form
Office of Enrollment Services

Student Information - You must include your signature at the bottom of this form to have the request processed.

Please print: Name: _____ Social Security # _____

Date of birth: _____ CCRI student ID _____

Other names used while at CCRI: _____ E-mail _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone number: _____ Cell Number: _____

College information (please check appropriate response):

Are you currently enrolled at CCRI? Yes ___ No ___ Were you previously enrolled at CCRI before 1985? Yes ___ No ___

Transcript options (select one option; a new form is required for each transaction)

Process immediately (note: transcript will be sent before grades are posted for the current term, if applicable): _____

Process after final grades posted (select term): Fall ___ Spring ___ Summer ___ Other: _____

Process after degree information is posted: _____

Mail transcript to: (student is responsible for complete mailing address)

One form per address is required, please allow 5-7 business days for processing. Note: Transcripts will not be released if there are any outstanding obligations to CCRI.

*Signature (required)

Date

Flanagan Campus, 1762 Louisquisset Pike, Lincoln, RI 02865-4585 Fax: 401.333.7122

Knight Campus, 400 East Avenue, Warwick, RI 02886-1807 Fax: 401.825.2394

Liston Campus, One Hilton Street, Providence, RI 02905-2304 Fax: 401.455.6181

Newport County Campus, One John H. Chafee Blvd. Newport, RI, 02840 Fax: 401.851.1627

Office of Enrollment Services, Phone Number: 401-825-2003