RANGER COLLEGE

TRANSCRIPT REQUEST - PRINT FORM and MAIL or FAX - DO NOT E-MAIL

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, student academic records are classified as confidential, and may be released only with the student's written authorization and signature.

Number of Copies _____ *Transcripts are not issued until all obligations to Ranger College are cleared.*

Send Now ☐ Hold for Grades ☐ Pick Up (Photo ID Required) ☐ Fax ☐

Name: _____
Last First Middle Maiden/Other

S.S. # _____ Date of Birth: _____

Last Date of Enrollment at RC: _____ Phone: _____

E-Mail: _____ Cell Phone: _____

I authorize Ranger College to mail an official transcript of my academic record to each of the addresses indicated.

Signature: _____ Date: _____

Mail to: _____ *Mail to:* _____

Institution: _____ *Institution:* _____

Address: _____ *Address:* _____

City,State,Zip: _____ *City,State,Zip:* _____

Mail to: _____ **Complete below if faxed copy is acceptable.**

Institution: _____ *Fax Number:* _____

Address: _____ *Attention:* _____

City,State,Zip: _____ *Institution:* _____

Requests will be honored as quickly as possible in the order of application. During peak periods (i.e., registration, commencement) there will be a delay. Transcripts should be requested a minimum of one week in advance of these events.

Office of the Registrar ✉ 1100 College Circle ✉ Ranger, TX 76470
Phone: 254-647-3234 ext. 215 • Fax: 254-647-3739

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Office Use Only: *Records Clear? Yes No Date Processed* _____ *Staff* _____