OFFICE OF THE REGISTRAR
RUST COLLEGE
150 RUST AVENUE, HOLLY SPRINGS, MS 38635

TRANSCRIPT REQUEST FORM
(FEE: $1.50 PER OFFICIAL COPY)

PLEASE FAX TRANSCRIPT REQUESTS TO: (662) 252-2258 OR MAIL TO ADDRESS ABOVE

If you prefer to fax your request to the Registrar's Office, please contact our cashier's office (ex. 4024 or 4026) in order to pay the $1.50 per transcript fee. The cashier office will provide you with a confirmation number to be placed on this form. The transcript can be paid with a debit or credit card. This form must have the complete mailing address where the transcript should be mailed and your signature in order to be processed by the Registrar's office.

PLEASE PRINT CLEARLY

Name_____ Phone No. _____
Please include the name used while attending Rust

SS# _____ or Student ID#_____

Mailing Address:_____
City State Zip Code

Last Date of Attendance: **Non Graduate** _____ Payment Confirmation Number _____
Graduate Year _____ Number of transcripts paid for _____

Mail transcript to: **(PLEASE PRINT)**

_____

_____

_____

Fax transcript to: ( ) _____

Please check:
Purpose: Employment ___ Educational ___ College transfer___ Other ___

Signature: _____ Date: _____

FOR OFFICE USE ONLY: DO NOT WRITE BELOW THE LINE

DATE REQUEST RECEIVED:_____

DATE TRANSCRIPT MAILED:_____

STOP-OUT _____ YEAR OF GRADUATION _____