



TRANSCRIPT REQUEST FORM

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

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

Send Now

Pick Up (Photo ID required)

Name: _____

Date of Birth: _____

Social Security #: _____

Phone: _____

Email: _____

Cell Phone: _____

Last Semester Enrolled at RC: _____

.....
Mail to: _____

Mail to: _____

Institution: _____

Institution: _____

Address: _____

Address: _____

City, State, & Zip: _____

City, State, & Zip: _____

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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.**

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

Signature: _____

Date: _____

Form Instructions:

1. Submit the signed form via email at transcripts@rangercollege.edu or mail to Ranger College, Attn: Registrar's Office, 1100 College Circle, Ranger, TX 76470

2. After submitting the completed form, contact the Bursar's Office at (254)267-7042 to pay the Transcript Fee of \$5.00 per official transcript. Your transcript will not be mailed until you have paid the fee for each transcript requested.