

Office of the Registrar

2101 Carmel Road
Charlotte, NC 28226

Transcript Request

Dear Registrar:

I am requesting that you send an official transcript of my academic record to (name & address of receiving institution):

Personal Information (please print):

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

E-mail address: _____

Dates Attended RTS: _____

Year of Graduation: _____

Date of Request: _____

Phone Number: _____

Signature: _____

My payment of ~\$ requested is enclosed with this request.
(payable to "RTS").

Thank you for your assistance.