



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

TRANSCRIPT REQUEST FORM
(FEE IS \$1.50 PER OFFICIAL COPY)

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

If you prefer to fax your request to the registrar office, please contact our cashier 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 your signature in order to be processed by the registrar office.

STUDENT'S NAME: _____ SS #: _____ STUDENT ID#: _____
PLEASE PRINT (NAME USED WHILE ATTENDING RUST)

MAILING ADDRESS: _____ TELEPHONE #: _____

LAST DATE OF ATTENDANCE OR GRADUATION DATE: _____

CREDIT CARD CONFIRMATION NUMBER: _____

MAIL TRANSCRIPT TO:

PURPOSE: EMPLOYMENT _____ EDUCATIONAL _____
(NAME OF SCHOOL)

COLLEGE TRANSFER _____ OTHER _____

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY: DO NOT FILL THE BELOW

DATE REQUEST RECEIVED: _____ DATE TRANSCRIPT MAILED: _____ FEE: _____