



TRANSCRIPT / CERTIFICATE REQUEST FORM

Last		First		Middle		Maiden Name (If applicable)			
Street #		Street Name		City		State		Zip Code	
Date of Birth		Student Number				Passport Number			
Graduation Date (If applicable)				Degree					
E-mail address		Daytime Phone Number				Cell Phone Number			

Document Requested: Academic Transcript Academic Certificate Both Academic Transcript and Certificate

No. of transcript requested: No. of certificate requested:

:
(If more than one, please note the additional addresses, otherwise, they will all be mailed to the same address)

Address where the document/s is/, are to be sent:

Name/Institution 1:	<input type="text"/>					
Address 1:	<input type="text"/>					
	Street #	Street Name	City	State	Zip/Postal Code	Country
Name/Institution 2:	<input type="text"/>					
Address 2:	<input type="text"/>					
	Street #	Street Name	City	State	Zip/Postal Code	Country

Note: RCU has the right to decline to send a transcript or degree certificate if the student has not met financial and/or academic standards. Please allow 7-10 business days for processing.

Student Signature: _____ **Date** _____

The cost of each transcript/certificate is USD 25.
Payment for postage is to be borne by the student and must be settled before sending the document/s. Students may also opt to have the documents sent via Pos Malaysia or any courier option they prefer.

Please mail this form to the email address below:
Chief Academic Officer
✉ shuhel@rcu.education