

## TRANSCRIPT/CERTIFICATE REQUEST FORM

First		Middle		Maiden Name (If applicable)			
Street Name	City	State		Zip Code	9		
Student		Number		Passport Number			
raduation Date (If applicable)			Degree				
	Daytime Phone	Number	(	Cell Phone Nun	nber		
demic Transcript	☐ Academic C	ertificate 🗆 Both	Academic Tr	ranscript and C	Certificate		
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:							
treet # Stre	eet Name	City State	Zip	/Postal Code	Country		
treet # Stre	eet Name	City State	Zip	/Postal Code	Country		
<b>Note:</b> 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			
icate is USD 25.		Please mail thi	s form to the	email address l	pelow:		
Payment for postage is to be borne by the student and must be settled before sending the document/s.			Chief Academic Officer				
	Street Name  able)  demic Transcript  de additional addre sis/, are to be sen  treet # Stre  to send a transcrip r processing.	Street Name  Student Student  able)  Daytime Phone  demic Transcript	Street Name  Student Number  Student Number  Degr  Daytime Phone Number  No. of certificate   Both  No. of certificate requester additional addresses, otherwise, they will all be mailed as is/, are to be sent:  treet # Street Name City State  to send a transcript or degree certificate if the student has a processing.  Date	Street Name City State  Student Number  Degree  Daytime Phone Number  Committee Phone Number  Daytime Phone Number  No. of certificate Both Academic Transcript  No. of certificate requested  Re additional addresses, otherwise, they will all be mailed to the same is is/, are to be sent:  Treet # Street Name City State Zip.  Treet # Street Name City State Zip.  To send a transcript or degree certificate if the student has not met finary processing.  Date  Date  Date  Please mail this form to the Chief Academic Officer	Street Name City State Zip Code  Student Number Passport N  Degree  Daytime Phone Number Cell Phone Num  demic Transcript Academic Certificate Both Academic Transcript and C  No. of certificate requested  to additional addresses, otherwise, they will all be mailed to the same address)  treet # Street Name City State Zip/Postal Code  treet # Street Name City State Zip/Postal Code  to send a transcript or degree certificate if the student has not met financial and/or acr processing.  Date  Date  Please mail this form to the email address to the student of the small address to the student of the student of the small address to the student of the student of the small address to the student of the small address to the student of the small address to the student of the student of the small address to the student of the small address to the student of the student of the small address to the small small address to the sma		

Students may also opt to have the documents sent via Pos Malaysia or any courier option they prefer.