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## Roanoke Rapids Graded School District

Attn: Records – 536 Hamilton St. – Roanoke Rapids, NC 27870

Telephone 252-519-7100 – Fax 252-535-5919

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### Request for Academic Credentials

Date of Request \_\_\_/\_\_\_/\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Name (as listed in school) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

High School Graduate \_\_\_yes \_\_\_no Year Graduated \_\_\_\_\_

Purpose for Requested Transcript / Record:

\_\_\_ College \_\_\_ Identification \_\_\_ Other

**Special Instructions:** The individual named herein has requested a copy of his / her academic credentials. Please be sure to sign, date and return the completed form to the address listed above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_/\_\_\_/\_\_\_  
Date

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### Verification: TO BE COMPLETED BY EDUCATIONAL INSTITUTION

According to the documentation of the Educational Institution, the information contained herein is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Authorized Personnel

\_\_\_/\_\_\_/\_\_\_  
Date