

**Office of the Registrar**

5422 Clinton Blvd.  
Jackson, MS 39209

**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 ~\$Zf YUW IfUbgW]dh requested is enclosed with this request.  
(payable to "RTS").

***Thank you for your assistance.***